** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

OMB No. 1545-0047

<u>A</u>	OI III	e 2020 calendar year, or tax year beginning INOV 1, 2020 and en	unig O	CT 31, ZUZI	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	ge Doing business as		91-10169	74
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	r
	Final return	, 5333 15TH AVE S 1F	ζ	(206) 97	3-1810
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,791,230.
Г	Amer	ded CEAMMTE WA 00100		H(a) Is this a group re	eturn
F	Appli			for subordinates	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	Tav. 6v	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	1	list. See instructions
		te: WWW.DENISELOUIE.ORG	JZ1	H(c) Group exemptio	
_		forganization: X Corporation Trust Association Other	I Voor		M State of legal domicile: WA
	art I	Summary	L TEAL	or formation, ±570 N	M State of legal domicile, WZL
	1	Briefly describe the organization's mission or most significant activities: DENISE	T.OIT	TE EDITCATTO	V CENTER
9	'	PROMOTES SCHOOL AND LIFE READINESS BY PROVI			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed			
ēr	2	•			12
હ	3	· · · · · · · · · · · · · · · · · · ·			12
∞ ≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			146
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			75
Ĕ	6	Total number of volunteers (estimate if necessary)			
Act	7 a				0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	_			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		8,028,293.	7,868,200.
ēn	9	Program service revenue (Part VIII, line 2g)		203,527.	215,398.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-413.	8,420.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,953.	166,452.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,278,360.	8,258,470.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,033,263.	5,268,981.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		11,121.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) 93,511	<u>. </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,889,380.	2,080,873.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,933,764.	7,349,854.
	19	Revenue less expenses. Subtract line 18 from line 12		1,344,596.	908,616.
Net Assets or	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		13,413,160.	14,730,962.
Ass	21	Total liabilities (Part X, line 26)		1,440,531.	2,270,683.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		11,972,629.	12,460,279.
Pi	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules an	ıd stateme	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		■ SUSAN YANG, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MATTHEW FRERKER MATTHEW FRERKER	lo	9/13/22 if self-employ	P01677675
	parer	Firm's name BDO USA, LLP			13-5381590
	Only	Firm's address 601 UNION ST, STE 2300			
	•	SEATTLE, WA 98101-2345		Phone no. (2	06) 382-7777
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	DENISE LOUIE EDUCATION CENTER (DLEC) PROMOTES SCHOOL AND LIFE	
	READINESS BY PROVIDING MULTI-CULTURAL EARLY LEARNING SERVICES TO	
	CHILDREN AND FAMILIES, ESPECIALLY THOSE WHO NEED OUR SERVICES THE	
	MOST.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	·	<u>3 •</u>)
	DLEC PROVIDES FREE HOME VISITING, PART DAY PRE-SCHOOL, AND SUBSIDIZED	
	FULL DAY PRE-SCHOOL PROGRAMS FOR OVER 320 LOW-INCOME,	
	IMMIGRANT/REFUGEE, HOMELESS, FOSTER AND TEEN PARENT FAMILIES. SERVICES	<u> </u>
	INCLUDE COMPREHENSIVE EARLY EDUCATION, HEALTH, DISABILITIES, MENTAL	
	HEALTH, AND FAMILY SUPPORT. SERVICES ARE OFFERED TO THE CHILD AND	
	FAMILY DIRECTLY AND THROUGH COMMUNITY PARTNERSHIPS. DLEC ALSO PROVIDES	<u> </u>
	FREE DROP-IN PLAY & LEARN PROGRAM CONDUCTED IN ENGLISH, SPANISH, AND	
	CHINESE TO OVER 1165 CHILDREN AND THEIR CAREGIVERS AT FOUR LOCATIONS IN	<u> </u>
	THE COMMUNITY.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
1 ~ 1	Other program convices (Describe on Schodule O.)	
4d		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,165,182 •	
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Form 990 (2020) DENISE LOUIE EDUCATION CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	- 21	
D	·	11b		Х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		<u>X</u>
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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		τ,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

DENISE LOUIE EDUCATION CENTER 91-1016974 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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

Check if Schedule O contains a response or note to any line in this Part V

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

032004 12-23-20

Form 990 (2020) DENISE LOUIE EDUCATION CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 91-1016974 Page 5

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 14.6 b If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Notes If the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3c I if the organization have unrelated business gross income of \$1,000 or more during the year? 3c I if the companies of the com						Yes	No		
b If a least one is reported on line 2a, did the organization tile all required federal employment fax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required tofine (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at yit me during the calendary avar, did the organization fave 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) or of the financial account in a foreign country (such as a bank account, securities account, or other financial account) or of the financial account in a foreign country (such as a bank account, securities account, or other financial account) or of the financial accountry or other financial accountry. 5a lift Yes in the financial account in a foreign country (such as a bank account, securities account, or other financial accountry or other financial accountry. 5a lift Yes in the financial accountry (such as a bank account, securities account, or other financial accountry. 5a lift Yes in the sax os 90, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yes in the sax os 90, did the organization the financial accountry. 6c If Yes in the sax os 90, did the organization the forem 888617 6c If Yes in the sax os 90, did the organization the forem 888617 6c If Yes in the sax os 90, did the organization the organization fore fore sax objects that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes in the organization receive deductible contributions under section 170(c). 6c If Yes in the organization receive deductible contributions under section 170(c). 6c If Yes in the organization receive and only the donor of the value of the goods or services provided? 7c If If Yes, indicate the number of Forms 8822 fled duri	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required tofile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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)? 4b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAF). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization and the organization file Form 8886.7? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6d Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Was the organization shall were not tax deductible on this work of the property of the pro		filed for the calendar year ending with or within the year covered by this return	2a	146					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it flied a Form 990-T for this year? if "No" to fire 3b, provide an explanation on Schedule O 4b 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, south as a bank account, securities account, or other financial account in oreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to did the organization that it was or is a party to a prohibit day to a party or it is a party to a prohibit day to a party or a pa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
b If "Yes," rise at fitted a Form 880.7 for this year? If "No" for line 3b, provide an explanation on Schedule O a 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 accountry? 4a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a A 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 in a foreign country [such as a bank account, securities account, or other financial accounts [FBAR]. 5a Was the organization to the foreign country [such as a bank account, securities account, or other financial accounts [FBAR]. 5a Was the organization to a provide the organization flow is speller transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions hat were not tax deductible as charitable contributions? 5b If *Yes*, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V Organizations that may receive deductible contributions under section 170(c). 6c If If *Yes*, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If *Yes*, if did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8b If *Yes*, if did the organization notify the donor of the value of the goods or services provided to the payor? 7c Organization that may receive appriment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If Yes*, if and the organization notify the donor of the value of the goods or services provided? 7c If Yes*, if and the organization notify the donor of the value of the goods or services provided? 7c If Yes*, if and the organization notify the donor of the value of the organization of the organization of the value of the value of the or	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
financial account in a foreign country (such as a bank account, securities account, or other financial account?? b if "Yes," either 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17 6a Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b 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). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization receive a payment in excess of 57 made party as a contribution and party for goods and services provided to the payor? 7 or It is organization receive a payment in excess of 57 made party as a contribution of organization receive a payment in excess of 57 made party as a contribution of organization received an contribution of organization receive	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SUSAN YANG - 206-453-0265 5333 15TH AVE S, NO. 1K, SEATTLE. 98108

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	s person is both an a director/trustee)			compensation	compensation	amount of	
	week		Cer ar	a a a	recio	or/trus	iee)	from	from related	other	
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the	
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	organizations	truste	al trus		yee	mper		(** 2, 1000 111100)		and related	
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) SUSAN YANG	line)	Pul	lus	0#i	Key	e Eig	For				
EXECUTIVE DIRECTOR	40.00	1		х				110,224.	0.	2,483.	
(2) KAI SHIH	4.00							110,224.	0.	2,403.	
BOARD PRESIDENT	4.00	Х		Х				0.	0.	0.	
(3) RUBY ASIODCHE	2.00							0.	0.	0.	
BOARD SECRETARY	2.00	х		Х				0.	0.	0.	
(4) MITZI MOORE	2.00	25						•	•	•	
BOARD TREASURER		х		х				0.	0.	0.	
(5) ALYSSA BLACK	1.00								-	-	
BOARD MEMBER		Х						0.	0.	0.	
(6) AMANDA CHEN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) JENNIE COCHRAN-CHINN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) JONATHAN J. KONG	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) LAURA SCHMIEDEKNECHT	1.00	1							_	_	
BOARD MEMBER		Х						0.	0.	0.	
(10) MARY SPRUTE	1.00	ļ									
BOARD MEMBER	1 00	Х						0.	0.	0.	
(11) LINH TRAN	1.00								•	•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(12) CHRISTINA CONGDON	1.00	₩.						0.	_	0	
BOARD MEMBER (13) JAYME MORI	1.00	Х	-			-		0.	0.	0.	
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(F)

(D)

(E)

(A)

(C)

Position

(B)

Description		Name and title	Average hours per	Position (do not check more than one box, unless person is both an		Reportable Reportable compensation compensation			Estimated amount of						
1b Subtotal □ 110,224. 0. 2,483. □ Total from continuation sheets to Part VII, Section A □ 110,224. 0. 0. 2,483. □ Total from continuation sheets to Part VII, Section A □ 110,224. 0. 2,483. □ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list and from ordinary fromer officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individuals itseld on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000 If "Yes," complete Schedule J for such individual and related organization of If "Yes complete Schedule J for such individual for services reduced to the organization of If "Yes complete Schedule J for such necessarial than the organization of If "Yes complete Schedule J for such necessarial than the organization of If "Yes No Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization within the organization stax year. (A) (B) (C) Name and business address NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from \$100,000 of			(list any hours for			d a d				the organization	organizations		com fr	oensa om th	ation ne
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		Subtotal								110.224.		0.		2.4	83.
d Total (add lines 1b and 1c)												_		-,-	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No									•	110,224.		0.	:	2,4	
3 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ↑ Total number of independent contractors (including but not limited to those listed above) who recei) wh	o re	ceived more than \$100,	000 of reportable	•			
3 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Description of services		compensation from the organization											1	Vaa	
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Provided the provided in the organization is provided in the organization in the organization is tax year.	2	Did the organization list any former officer	director truct	00 k	·0\/ 0	mnl	0.40	0 0r	hia	host componented omn	lovos on	Г		res	NO
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from t	3				-	-	-		_	•	•		3		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4											···			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of organization including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶												[4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Complete this table for your five highest compensation from the organization in the organizat	5														
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		rendered to the organization? If "Yes," con	plete Schedule	J fo	or su	ıch ı	oers	on .					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Poscription of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$	Sec	tion B. Independent Contractors													
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation prom the organization 0	1		•	•							•	ensati	on fro	m	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0			the calendar ye	ear e	ndır	ng w	ith c	or wi	thin T		ear.				
\$100,000 of compensation from the organization 0			address	NC	NE	3					ervices	Co			n
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0									+						
\$100,000 of compensation from the organization 0									\downarrow						
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0															
the special of the month and organization p	2	·	•	ot lin	nited	d to	_		ted	above) who received mo	ore than				
		\$100,000 of compensation from the organization	zation					,				F	orm !	990	(2020)

11260912 758871 050670.0

Form 990 (2020) DENISE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Dart VIII			
		Check if Schedule O Contains a response of	i flote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolide	function revenue	business revenue	from tax under
							sections 512 - 514
र र	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	h						
چ ق			154,605.	1			
Ę,	C		134,003.	-			
ᇎ	d	Related organizations1d		-			
J,	е	Government grants (contributions) 1e 6,	959,386.				
ie S	f	All other contributions, gifts, grants, and					
ž ž		similar amounts not included above If	754,209.				
₽₽	_	Noncash contributions included in lines 1a-1f	•				
50	5	\		7,868,200.			
<u>O</u> 6	T)	Total. Add lines 1a-1f		7,000,200.			
			Business Code	015 200	015 200		
ë	2 a	TUITION	900099	215,398.	215,398.		
Š	b						
Se	c						
ΕŞ	d						
gra	۰						
Program Service Revenue		All all and a second as a second as a second as					
ш.		All other program service revenue		215 200			
	g	Total. Add lines 2a-2f		215,398.			
	3	Investment income (including dividends, interes					
		other similar amounts)	>				
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	•				
	_	(i) Real	(ii) Personal				
	6 -		(.,,	-			
	6 a			-			
	b	Less: rental expenses 6b		4			
	C	` ,					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 523,517.					
	h	Less: cost or other basis					
Φ	_	and sales expenses					
Ę,	_	Gain or (loss) 7c 8,420.		1			
Revenue	C	. ,		0.420			0 420
Ě		Net gain or (loss)	<u> </u>	8,420.			8,420.
her	8 a	Gross income from fundraising events (not					
₹		including \$154,605 of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	h	Less: direct expenses 8b	17,663.				
		Net income or (loss) from fundraising events		-17,663.			-17,663.
				17,003.			17,003.
	эa	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
	- 6	Net income or (loss) from sales of inventory	Business Code				
ß		1 D1/11/1 CED 1 E1/1		1.60 615			165 615
ğ e	11 a	ADMINISTRATIVE FEE REV	900099	167,615.			167,615.
Miscellaneous Revenue	b	MISCELLANEOUS	900099	16,500.			16,500.
i se	c						
<u> </u>	d	All other revenue					
2	e	Total. Add lines 11a-11d		184,115.			
	12	Total revenue. See instructions		8,258,470.	215,398.	0.	174,872.
			·····	<u> , </u>	,		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 97,141. 112,707. 13,929. 1,637. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 509,340. 4,117,008. 3,547,711. 59,957. Other salaries and wages 7 Pension plan accruals and contributions (include <u>86,</u>890. 75,529. 10,249. 1,112. section 401(k) and 403(b) employer contributions) 335,510. 39,573. 291,644. 4,293. Other employee benefits 9 616,866. 567,860. 44,932. 4,074. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 97,475. 2,541. 93,930. 1,004. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 414,271. 177,839. 226,244. 10,188. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 284,876. 219,757. 65,119. Office expenses 13 Information technology 14 15 Royalties 45,768. 630,864. 582,831. 2,265. 16 Occupancy 11,066. 10,156. 910. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 137,851. 127,518. 9,929. 404. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 71,488. 62,237. 9,251. Depreciation, depletion, and amortization 22 42,124. 32,260. 9,031. 833. 23 Other expenses. Itemize expenses not covered 24 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.) 178,125. 177,172. 953. FOOD EXPENSES 118,849. CLASSROOM SUPPLIES 122,383. 1,612. 1,922. 75,683. 69,793. 5,822. 68. PARENT ACTIVITIES d MISCELLANEOUS 14,667. 4,344. 10,323. e All other expenses 7,349,854. 6,165,182. 1,091,161. 93,511. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Pa	art X Balance Sheet							
		Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	290,898.	1	151,093.			
	2	Savings and temporary cash investments	1,471,750.	2	2,540,761.			
	3	Pledges and grants receivable, net	8,604,238.	3	7,360,453.			
	4	Accounts receivable, net		4				
	5	Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons		5				
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6				
ţ	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use	1 222 -22	8				
⋖	9	Prepaid expenses and deferred charges	1,988,592.	9	2,926,460.			
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 10a 3,832,566.	F76 100		1 750 105			
		Less: accumulated depreciation 10b 2,080,371.	576,120.	10c	1,752,195.			
	11	Investments - publicly traded securities	481,562.	11				
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	13,413,160.	15 16	14,730,962.			
	17	Accounts payable and accrued expenses	709,587.	17	713,220.			
	18	Grants payable		18	,			
	19	Deferred revenue	80.	19	36,183.			
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
Ø	22	Loans and other payables to any current or former officer, director,						
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%						
abil		controlled entity or family member of any of these persons		22				
=	23	Secured mortgages and notes payable to unrelated third parties		23	430,000.			
	24	Unsecured notes and loans payable to unrelated third parties	724,700.	24	1,086,617.			
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X			4 660			
		of Schedule D	6,164.		4,663.			
	26	Total liabilities. Add lines 17 through 25	1,440,531.	26	2,270,683.			
Ø		Organizations that follow FASB ASC 958, check here						
JCe		and complete lines 27, 28, 32, and 33.	070 607		2 222 002			
<u>a</u>	27	Net assets without donor restrictions	979,607. 10,993,022.		2,232,803. 10,227,476.			
g B	28	Net assets with donor restrictions	10,993,022.	28	10,227,470.			
Ë		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.						
P	20	Capital stock or trust principal, or current funds		29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30				
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31				
Net Assets or Fund Balances	32	Total net assets or fund balances	11,972,629.	32	12,460,279.			
Z	33	Total liabilities and net assets/fund balances	13,413,160.	33	14,730,962.			
			-,,		Farm 990 (0000)			

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

DENISE LOUIE EDUCATION CENTER 91-1016974 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

g Provide the following informat			I (iv) Is the oras	nization lieted	I () A	(-1) A
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
 Total						

functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

Sed	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5227660.	4716555.	5939493.	8028293.	7868200.	31780201.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	5005660	4546555	5000400			24 5 2 2 2 2 4		
	Total. Add lines 1 through 3	5227660.	4716555.	5939493.	8028293.	7868200.	31780201.		
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,						F02 000		
	column (f)						583,288.		
	Public support. Subtract line 5 from line 4.						31196913.		
		(-) 0010	(1-) 0047	(-) 0040	(-1) 0040	(-) 0000	(0 T-1-1		
	ndar year (or fiscal year beginning in)	(a) 2016 5227660.	(b) 2017 4716555.	(c) 2018 5939493.	(d) 2019 8028293.	(e) 2020 7868200	(f) Total 31780201.		
	Amounts from line 4	3227000.	4/10333.	3333433.	0020293.	7000200.	51760201.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	2,432.	5,623.	13,159.			21,214.		
0	and income from similar sources Net income from unrelated business	2,452.	3,023.	13,133.			21,214.		
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	467.	481.	281.	58.832.	184.115.	244,176.		
11	Total support. Add lines 7 through 10				00,002		32045591.		
	Gross receipts from related activities,	etc. (see instructio	ons)				,021,185.		
	First 5 years. If the Form 990 is for th	•	,			<u> </u>	, . ,		
	organization, check this box and stop	-		•					
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2020 (li			column (f))		14	97.35 %		
	Public support percentage from 2019					15	97.12 %		
	33 1/3% support test - 2020. If the o					ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2019. If the o								
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			>		
17a	7a 10% -facts-and-circumstances test - 2020. 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	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation		
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, 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-circu			. ,	•		▶∐		
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5c		
30		
6		
,		
7		
8		
9a		
9b		
9с		
100		
10a		
40:		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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		
Sec	tion 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		100	110
•	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	i -		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
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 in 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

ı uı	Type in Non-Tunotionally integrated cook	u)(o) oupporting orgu	inzations (contint	iea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	.,		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020	
			110 2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
REIMBURSEMENTS
ADMINISTRATIVE FEE REVENUE

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

2020

OMB No. 1545-0047

Name of the organization

Organization type (check one):

Employer identification number

DENISE LOUIE EDUCATION CENTER 91-1016974

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 000 DF								
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							
	s covered by the General Rule or a Special Rule . 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one							
literary, or education	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.							
year, contributions is checked, enter h purpose. Don't cor	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 totaling \$5,000 or more during the year							
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

DENISE LOUIE EDUCATION CENTER

91-1016974

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,147,412.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$908,190.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 368,503.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 556,557.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 525,178.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DENISE LOUIE EDUCATION CENTER

91-1016974

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** DENISE LOUIE EDUCATION CENTER 91-1016974 Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (a) No. from (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 (a) No. from (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 (a) No. from (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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		LOUIE EDUCATION			91-1016974
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	<u> </u>
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	}
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.			=0.1/	1/61
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	:)(3).
	Enter the amount directly expended	, ,	·		
2	Enter the amount of the filing organ				
_	exempt function activities				·
3	Total exempt function expenditures				
4	line 17b				
4 5	Did the filing organization file Form Enter the names, addresses and en				
3	made payments. For each organiza			-	
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org					ction under
expenses, and share	ation belongs to an affil re of excess lobbying e ation checked box A an	xpenditures).		group member's name	e, address, EIN,
Limi	ts on Lobbying Exper ditures" means amou	nditures	visions арріу.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure				7,349,854.	
e Total exempt purpose expenditure				7,349,854.	
f _Lobbying nontaxable amount. Ente	er the amount from the	following table in both	columns.	517,493.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000					
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)			129,373.	
h Subtract line 1g from line 1a. If zer	0.				
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze reporting section 4911 tax for this	•	,	tion file Form 4720	[Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations the		01(h) election do not hate instructions for lin	•	f the five columns be	low.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	406,234.	451,873.	496,688.	517,493.	1,872,288.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					2,808,432.
c Total lobbying expenditures					
d Grassroots nontaxable amount	101,559.	112,968.	124,172.	129,373.	468,072.
e Grassroots ceiling amount (150% of line 2d, column (e))					702,108.
	l		l		1

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 DENISE LOUIE EDUCATION CENTER 91-10169 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) onodeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	did the filing organization attempt to influence foreign, national, state, or including any attempt to influence public opinion on a legislative matter nrough the use of: nagement (include compensation in expenses reported on lines 1c through 1i)? nents?	mount
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Tomplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
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501(c)(6). I Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? The complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ization incurred a section 4912 tax, did it file Form 4720 for this year?	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 2 2 3 3 3 3 3 3 4 5 5 6 7 7 7 8 7 8 7 8 8 8 8 8 8	Yes	N ₁
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 2 2 3 3 3 3 3 3 4 5 5 6 7 7 7 8 7 8 7 8 8 8 8 8 8		+
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? The string of the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? The string of the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The current year by Carryover from last year 2b Carryover from last year 2c 2b 2c Total 3c 2c 3d		_
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		+
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	nich the section 527(f) tax was paid).	
b Carryover from last year 2b c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	2a	
c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	ent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
expenditure next year?	year?	
Taxable amount of lobbying and political expenditures (See instructions)5		
art IV Supplemental Information	emental Information	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DENISE LOUIE EDUCATION CENTER

Employer identification number 91-1016974

Schedule D (Form 990) 2020

Part	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) For de se de l'
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Part	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation).	· · · · · · · · · · · · · · · · · · ·	f a historically important land area
	Protection of natural habitat	· —	f a historically important land area f a certified historic structure
	Preservation of open space	Preservation of	i a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	find consequation contribution in the form	of a consequation easement on the last
	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
			_
	-		
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	
	Number of conservation easements modified, transferred, rele		
	year ►	odoca, extinguished, or terminated by the	organization during the tax
	Number of states where property subject to conservation eas	sement is located	
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	· · · · ·	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		.
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶\$		· ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Part	t III Organizations Maintaining Collections of	i Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		L .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	4		A

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

	t III Organizations Maintaining Co	ollections of Ar				r Other			109/4		ige ∠
3	Using the organization's acquisition, accession								(contin	<u>uea)</u>	
3		on, and other records	s, check	arry or trie	iollowing that	i make si	grillicarit u	ise oi its			
_	collection items (check all that apply):	ا.	. —		la a a a a						
a	Public exhibition	d			hange progra						
b	Scholarly research	е	• '	Other							
C	Preservation for future generations	Handler and a second as well also		6 41 41-				i. D	VIII		
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										INO
1 0.1	reported an amount on Form 990, Par		ctc ii tiic	organizatio	ii answered	103 011	1 01111 330	, raitiv,	iii ic 5, 6i		
	Is the organization an agent, trustee, custodia		liary for c	ontribution	s or other ass	sets not i	ncluded				
Iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 103		, 140
	in 100, explain the arrangement in 1 are xin e	and complete the for	nowing a	abic.					Amount		
c	Beginning balance						1c		7 111104111		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		j
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
`		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	red for the	e organiza	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o		٠,	or other		ccumulate	d	(d) Book	value)
	Land	basis (investr	nent)		(other)	uep	oreciation		1 000	0.0	7.3
	Land	I			9,993. 0,007.		2,50	00	1,099	, 50	73.
	Buildings				5,927.	1 0	38,96			, 96	
	Leasehold improvements				6,639.		238,90		77	73	<u>, </u>
	Equipment			<u> </u>	0,009.		100,90	,,,,	1 1	, , ,	, , , .
	Other Add lines to through to (Out and the	•	V - 1	(D) " 1	0 - 1				1,752	10	3.5
rotal	. Add lines 1a through 1e. (Column (d) must ed	auai ⊢orm 990. Part .	x. colum	in (B). line 1	UC.)				<u> </u>	., >	, J •

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or (a) Description of investment			of veer morket value
	(b) Book value	(c) Method of valuation: Cost or end-	oi-year market value
(1) (2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	Tru. dee Form 550, Fart X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	- Cooription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	<u> </u>
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			4,663
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7)			

032053 12-01-20

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Pal	Reconciliation of Revenue per Audited Financial S		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.			0 252 172
1	Total revenue, gains, and other support per audited financial statements			1	8,353,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	E4 072		
a			54,073. 22,966.		
b			22,900.		
С	1 , 0		17 (()		
d	, , , , , , , , , , , , , , , , , , , ,	•	17,663.		04 700
е	3			2e	94,702. 8,258,470.
3	Subtract line 2e from line 1			3	8,438,470.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b	,				0
C				4c	0.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line rt XII Reconciliation of Expenses per Audited Financial S	<u>12.)</u> Statements With	Evnances per E	5 Potur	8,258,470.
Ра			Expenses per r	veturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,			1 . 1	7 065 500
1	Total expenses and losses per audited financial statements			1	7,865,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	22 066		
a			22,966.		
b	, , , , , , , , , , , , , , , , , , , ,				
С			400 700		
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	492,702.		E1E 660
е	3			2e	515,668.
3	Subtract line 2e from line 1			3	7,349,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b		·			0
_C				4c	7,349,854.
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	<u> </u>		5	1,349,834.
		al A. Daut IV. Para Alla	and Obs. Death V. Bass 4		/ O. D. H.VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	•	•	; Part)	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	iation.		
DλI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
PAI	XI XI, DINE ZD - OTHER ADOUGHENTS:				
CDI	ECIAL EVENT EXPENSE INCLUDED ON LINE 8	D			17 663
SPI	ECTAL EVENT EXPENSE INCLUDED ON LINE O	ь			17,663.
ד ג כד	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
PAI	KI AII, LINE ZD - OIRER ADOUSIMENIS:				
a D I	ECTAL EVENUE EVDENCE THOLLIDED ON LINE O	D			17 662
SPI	ECIAL EVENT EXPENSE INCLUDED ON LINE 8	ь			17,663.
חסו	NAMED DENM INCLUDED ON DAGE 10 I INC.				47E 020
DOI	NATED RENT INCLUDED ON PAGE 12, LINE 6				475,039.
ШΩГ	תר שונה דע שמגם כן שונותשונט סא זגו				402 702
10.	TAL TO SCHEDULE D, PART XII, LINE 2D				492,702.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number 91-1016974

DENISE	LOUIE EDUCATION CE	NTE	₹		91-1016	974	
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	eed funds through any of the following Solicita Grant Solicita Grant Solicita Grant Solicita Grant Special Spe	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes		
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY I have custody I I I I I I I I I I I I I I I I I I I						
		Yes	No				
Total			•				
List all states in which the organizatio or licensing.					it is exempt from re	gistration	
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Schedule G (Form 9	90 or 990-EZ) 2020	

032081 11-25-20

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.	-			
		or lunuraising event contributions and gr	(a) Event #1 VIRTUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER			col. (c))
Φ			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts	154,605.			154,605.
	2	Less: Contributions	154,605.			154,605.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
တ္	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	4,623.			4,623.
⊡	8	Entertainment				
	9	Other direct expenses	13,040.			13.040.
	10	Direct expense summary. Add lines 4 through			•	13,040. 17,663.
	11	•			_	-17,663.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	١.					
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming actions are actions.	ctivities in each of these s			Yes No
b) If " 	No," explain:				
		ere any of the organization's gaming licenses re	•	-	/ear?	Yes No
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 DENISE LOUIE EDUCATION CENTER 91-1	.016974	: Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12		103	
	Indicate the percentage of gaming activity conducted in:	ا ءمد ا	0.4
	a The organization's facility	13a	<u>%</u>
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
'			
	of gaming revenue retained by the third party ▶\$		
(c If "Yes," enter name and address of the third party:		
	Name >		
			<u> </u>
	Address >		
40	Our land to the state of the st		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	continuo state garring licerise: Description: Descriptio		•
'	· · · · · · · · · · · · · · · · · · ·		
Da	organization's own exempt activities during the tax year > \$		
Pč	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	DENISE	LOUIE	EDUCATION	CENTER	91-1016974	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (con	tinued)				
		COIT	inaca)				

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

DENISE LOUIE EDUCATION CENTER

Employer identification number 91-1016974

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEARNING SERVICES TO CHILDREN AND FAMILIES, ESPECIALLY THOSE WHO NEED
OUR SERVICES THE MOST.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT 990 IS REVIEWED BY THE FINANCE AND EXECUTIVE DIRECTOR AND THEN
GIVEN TO THE FINANCE/AUDIT COMMITTEE FOR REVIEW. THE FINAL DRAFT IS
PROVIDED TO THE FULL BOARD BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEW OF ANNUAL CONFLICT DOCUMENTS. NO CONFLICTS CURRENTLY EXIST.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPARATIVE WAGE & BENEFIT SURVEY PROVIDED BY NOT-FOR-PROFIT IN THE SAME
METROPOLITAN AREAS & SECTORS. REVIEW AND APPROVAL OF EXECUTIVE DIRECTOR
COMPENSATION BY THE BOARD OF DIRECTORS IN CLOSED SESSION.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS UPON REQUEST AND VIA WEBSITE FOR ANNUAL REPORT.
GOVERNING DOCS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO
THE PUBLIC.