

Tel: 206-382-7777 Fax: 206-624-7579 www.bdo.com 601 Union Street, Suite 2300 Seattle, WA 98101

September 3, 2024

Susan Yang Denise Louie Education Center 5333 15th Ave S. Seattle, WA 98108

Susan,

Enclosed are the following income tax returns prepared on behalf of Denise Louie Education center for the year ended October 31, 2023.

2022 990 - Return of Organization Exempt from Income Tax 2022 8879-TE - IRS E-file Signature Authorization Form

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

The unbound copy of the Form 990 is for you to use for public disclosure purposes. As allowed by the IRS regulations, this copy does not include names or addresses of significant contributors on Schedule B. Private foundations, however, must include this information on Schedule B.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

**BDO USA** 

Matthew Frerker

Matthew Freske



Tel: 206-382-7777 Fax: 206-624-7579 www.bdo.com 601 Union Street, Suite 2300 Seattle, WA 98101

Denise Louie Education center
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended October 31, 2023

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA 601 Union Street Suite 2300 Seattle WA 98101

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before September 15, 2024. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	or th	e 2022 cale	endar year, or tax year beginning	11/01/2022	and ending			10	/31/2023	
<b>D</b>	Db - 1 ::		C Name of organization				D En	nploye	r identification nu	ımber
<b>–</b>	Jheck if a	applicable:	DENISE LOUIE EDUCATI	ON CENTER						
	Addres	ss change	Doing business as				91	-101	16974	
	Name	change	Number and street (or P.O. box if m	nail is not delivered to street address)		Room/sui	Room/suite E Telephone nun			
	Initial i	return	5333 15TH AVE S.			1K	(2	06)	973-1810	
	Final r	eturn/terminated	City or town, state or province, coul	ntry, and ZIP or foreign postal code			<b>G</b> Gr	oss red	ceipts \$	
	Amend	ded return	SEATTLE, WA 98108						11,792,3	39.
	Applica	ation pending	F Name and address of principal office	er: SUSAN YANG			H(a) Is this a grou			X No
	_		5333 15TH AVE S.1K,				subordinates? <b>H(b)</b> Are all subor		ncluded? Yes	∏ No
ī	Tax-ex	cempt status:		· III	a)(1) or	527	• •		list. See instructions.	
J	Webs	· ·	W.DENISELOUIE.ORG	, ()	,,,,,,		H(c) Group exen	nption n	umber	
K		of organization		Association Other	L Yea	ar of format			of legal domicile:	WA
_	art I	Summ		7.0000.00.00.	_   _	a. 01 10111101	19 7 0   111	Ciaro		
	1	_	scribe the organization's mission o	or most significant activities: DT.	FC DDOMOT	רדכ פרו	HOOT. AND	T.TET	F DEXDINE	
a		•	OVIDING MULTI-CULTURAL					штг	E KEADINES	30
Governance			ES, ESPECIALLY THOSE				KEN AND			
rus	2		· _				han 250/ of	:40 10	at assets	
Š	2	Check this		discontinued its operations or	•			1 1	iei asseis.	1 2
			f voting members of the governing					3		13
Activities &	4		f independent voting members of					4		13
Ξ	5		ber of individuals employed in calc					5		151
ć	6		ber of volunteers (estimate if neces					6		69
_			elated business revenue from Part V					7a		NONE
	b	Net unrela	ated business taxable income from	Form 990-T, Part I, line 11				7b		NONE
	l _						Prior Year		Current Y	
ne	8		ons and grants (Part VIII, line 1h)				8,162,2	_	11,247	
en.	9		service revenue (Part VIII, line 2g)				274,3	_		<u>,365.</u>
Revenue	10		nt income (Part VIII, column (A), lin				3,3	_		<u>,874.</u>
	11	Other reve	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			55,5	05.	138	<u>,733.</u>
	12		nue - add lines 8 through 11 (mus				8,495,4	63.	11,749	<u>,401.</u>
	13		d similar amounts paid (Part IX, col				N	ONE		NONE
	14	Benefits p	oaid to or for members (Part IX, colu	ımn (A), line 4)			N	ONE		NONE
S	15	Salaries, o	other compensation, employee ben	efits (Part IX, column (A), lines 5-	10)		5,908,4	21.	6,139	,162.
Expenses	16 a	Profession	nal fundraising fees (Part IX, columr	n (A), line 11e)			N		NONE	
ď	b	Total fund	Iraising expenses (Part IX, column (	D), line 25) 203,7	79.					
ш	17	Other expe	enses (Part IX, column (A), lines 11	la-11d, 11f-24e)			2,230,2	70.	2,490	,185.
	18	Total expe	enses. Add lines 13-17 (must equa	Part IX, column (A), line 25)			8,138,6	91.	8,629	,347.
	19	Revenue I	ess expenses. Subtract line 18 fror	n line 12			356,7	72.	3,120	,054.
Net Assets or Fund Balances						Begin	ning of Current	Year	End of Yea	ır
sets	20	Total asse	ets (Part X, line 16)				15,199,4	01.	16,851	,823.
AB	21	Total liabil	lities (Part X, line 26)				2,843,8	88.	1,919	,364.
NE SE	22	Net assets	s or fund balances. Subtract line 2°	1 from line 20			12,355,5	13.	14,932	,459.
Pa	art II	Signat	ture Block			·				
Un	der pe	nalties of pe	rjury, I_declare that I have examined th	nis return, including accompanying so	chedules and sta	atements, a	ind to the best of	f my k	nowledge and be	elief, it is
tru	e, corre	ect, and comp	plete. Declaration of preparer (other that	n officer) is based on all information of	of which prepare	r has any kr	nowledge.			
			(( \( \( \) ))  \( \)	9 Y/						
Sig		Signature of	of officer	Ш			Date			
He	re	SUSAN	YANG	EXE	CUTIVE DI	RECTOR	₹			
			nt name and title	5111	001112					
			preparer's name	Preparer's signature	Date		Check	if F	PTIN	
Paid	d	MATTHE		MATTHEW FRERKER	l na /	03/202		ן יי נ	P01677675	
Pre	parer			LITTITEW LYEVVEY	09/	03/202			3-5381590	
Use	Only	Firm's nam		SUITE 2300 SEATTLE	, WA 9810	1	Firm's EIN		3-3361390 06-382-77	
Ma	v the		iss this return with the prepare				Phone no.		. X Yes	
_			uction Act Notice, see the separa		0110				Form 990	No (2022)
1 Uf	Lane	. WUIN KEN	GULLOU AUL MULLE, SEE LIJE SENAFA	us manucholla.					romi <b>aat</b>	• (ZUZZ)

Form 990 (2022) Page **2** 

Pa	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 LOUIS EDUCATION CENTER (DIEC) DROMOTES SCHOOL AND LIFE										
	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?										
	f "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?										
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b										
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$7,191,859. including grants of \$NONE ) (Revenue \$328,365. )										
	DLEC PROVIDES FREE HOME VISITING, PART DAY PRE-SCHOOL, AND										
	SUBSIDIZED FULL DAY PRE-SCHOOL PROGRAMS FOR OVER 410 LOW-INCOME,										
	IMMIGRANT/REFUGEE, HOMELESS, FOSTER AND TEEN PARENT FAMILIES.										
	SERVICES 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 FREE DROP-IN PLAY & LEARN										
	PROGRAM CONDUCTED IN ENGLISH, SPANISH, AND CHINESE TO OVER 325										
	CHILDREN AND THEIR CAREGIVERS AT THREE LOCATIONS IN THE COMMUNITY.										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )										
4e	Total program service expenses 7,191,859.										

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Part IV Page 3

Part	V 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? See instructions	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• • •	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,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
اء ما		110		X
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	]		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
JSA 2E1021	1.000	Form	990	(2022)
	1984TO YJ4A		6	

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Bid the constitution and the OF 000 of another action with a solid control of the description.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		- 21
J2	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Λ_
34		34		v
25.0	or IV, and Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
<b>D</b>	19? Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 151			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	16		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

DENISE LOUIE EDUCATION CENTER 91-1016974 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

, ,		,		0	,	
response to line 8a, 8b, or 10b below,	describe the circumstances,	processes,	or changes on	Schedule O.	See instruction	IS.
Check if Schedule O contains a respon	nse or note to any line in this F	Part VI			\[\frac{1}{x}\]	-

Sect	ion A. Governing Body and Management			Λ				
0000	non 7th Governing Body and management		Yes	No				
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.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_						
	one or more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l						
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:	0.0	Х					
a	The governing body?	8a 8b	X					
b	Each committee with authority to act on behalf of the governing body?	00						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х					
a	The organization's CEO, Executive Director, or top management official	15b						
b	Other officers or key employees of the organization	135		21				
16a								
iva	with a taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,				
_	and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and record	S						
	SUSAN YANG 5333 15TH AVE S, NO. 1K SEATTLE, WA 98108							

206-453-0265

Form **990** (2022)

2E1042 1.000

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((	C)	-				
(A)	(B)	Positi			osition			(D)	(E)	(F)
Name and title	Average	,				e than c		Reportable	Reportable	Estimated amount
	hours	box, unless person is both an						compensation	compensation	of other
	per week (list any		officer and a director/trustee)		_	from the organization (W-2/	from related organizations (W-2/	compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) SUSAN YANG	40.00									
EXECUTIVE DIRECTOR	NONE			Х				134,056.	NONE	353.
(2) VERTESIA GUTIERREZ	40.00							131,030.	IVOIVE	
HR MANAGER	NONE					X		107,828.	NONE	6,069.
(3) KAI SHIH	4.00							207,0201	110111	
BOARD PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) CHRISTINA CONGDON	1.00							-	_	
BOARD VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(5) MITZI MOORE	2.00									
BOARD TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) LINH TRINH	1.00									
BOARD SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(7) AMANDA LAU CHEN	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) JENNIE COCHRAN CHINN	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) JONATHAN J. KONG	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) XIU WEN LI	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) VIVIAN MARITZ	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) DEBORAH SONG	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) AARTHI SUBRAMANI	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(14) KAINUI SMITH	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

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JSA 2E1041 2.000

Form 990 (2022)												Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinued)	
(A)	(B)			(0	C)			(D)	(E)		<b>(F</b> )	)
Name and title	Average				sition			Reportable	Reporta	ble	Estima	ated
	hours per	(do not check m box, unless perso						compensation	compensation		amoui	
	week (list any hours for	office	er and			or/trust		from	related		othe compen	
	related	악 코	5					the organization	organizat (W-2/1099-		from	
	organizations	divi	Stite	Officer	y e	ghe	Former	(W-2/1099-MISC)	(***-2/1033-	WIIGO)	organiz	ation
	below dotted	dual	l ti		nplo	st co	Ť	(** =, *********************************			and re	
	line)	Individual trustee or director	Institutional trust		Key employee	) mp					organiz	ations
		stee	l ste			ens						
			ď			Highest compensated employee						
15) WHITNEY WHITE	1.00					_						
BOARD MEMBER	NONE	X						NONE		NONE		NONE
	TOTAL							110112		110112		110111
	<del></del>	1										
	†	1										
	†	1										
	†											
	t	1										
	†											
	T											
	T											
1b Sub-total		•					<b></b>	241,884.		NONE		6,422.
c Total from continuation sheets to Part VII, S	ection A						<b>•</b>	NONE		NONE		NONE
d Total (add lines 1b and 1c)							<b>&gt;</b>	241,884.		NONE		6,422.
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 c	of		
reportable compensation from the organizatio	n 🕨					2						
											Ye	es No
3 Did the organization list any former office	er, directo	or, or	· tru	ıste	e.	kev e	emp	oloyee, or highes	t compens	ated		
employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the	sum of rar	oortak	مام د	om	nar	eation	n ai	nd other company	sation from	the		
organization and related organizations gr												
individual											4	X
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y											5	Х
Section B. Independent Contractors									<del>_</del>		. '	<u> </u>
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent (	con	tracto	rs t	hat received more	than \$100	,000 of	f	
compensation from the organization. Report of												
year.			_									
(Δ)								(B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE JSA 2E1055 1.000

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Form	990 (2	DENISE LOUI	E EDUCATION	N CENTER		91-10169	74 Page <b>9</b>
Par	rt VIII	Statement of Revenue					
		Check if Schedule O contains a respor	se or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ťs,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
يَ ق	C	Fundraising events 1c	257,053.				
fts, FA	d	Related organizations 1d					
פַּּ	e	Government grants (contributions) 1e	10,529,461.				
ns, Sin	f	All other contributions, gifts, grants,					
er.		and similar amounts not included above . 1f	460,915.				
털된	g	Noncash contributions included in					
ξğ		lines 1a-1f 1g	\$				
တို့ န	h	Total. Add lines 1a-1f		11,247,429.			
			Business Code				
Se	2a	TUITION	900099	328,365.	328,365.		
Program Service Revenue	b						
אַ ב <u>י</u>	C						
eve	d						
99 8	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		328,365.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		34,874.			34,874.
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
		and sales expenses 7b					
Şe^	С	Gain or (loss) 7c					
ar F	d	Net gain or (loss)		NONE			
Other Rever	8a	Gross income from fundraising					
O		events (not including \$257,053.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	42,938.				
	С	Net income or (loss) from fundraising events		-42,938.			-42,938.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	1	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.	1	NONE			
Sno		ADMINI ORDARIUS COS CONONS	Business Code	162 252			162 155
nec	11a	ADMINISTRATIVE FEE REVENUE	900099	161,178.			161,178.
Miscellaneous Revenue	b	MISCELLANEOUS	900099	20,493.			20,493.
Sce	С	All others assume					
Ë	d	All other revenue		101 (71			
	e	Total. Add lines 11a-11d		181,671.			

11,749,401.

328,365.

12

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173,607.

JSA 2E1051 1.000 1984TO YJ4A

91-1016974

### 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 respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	134,408.	118,691.	12,532.	3,185
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	4,796,037.	4,232,487.	448,285.	115,265.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,344.	107,468.	9,815.	1,061
9		579,157.	525,933.	48,033.	5,191
10	Payroll taxes	511,216.	454,627.	44,885.	11,704
11	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE			
	Accounting	185,837.		182,232.	3,605.
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
1	f Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	466,241.	269,067.	183,416.	13,758
12	Advertising and promotion	NONE			
13	Office expenses	561,843.	367,784.	180,233.	13,826
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	563,470.	504,935.	48,903.	9,632
17	Travel	33,693.	32,381.	1,312.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	88,137.	84,196.	3,865.	76
	Interest	NONE			
	Payments to affiliates	NONE	60.262	0. 506	
	Depreciation, depletion, and amortization	72,105.	69,369.	2,736.	004
	Insurance	48,841.	38,233.	9,784.	824
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	FOOD EXPENSES	226,446.	225,096.	1,350.	
		136,646.	125,022.	3,649.	7,975
	CLASSROOM SUPPLIES PARENT ACTIVITIES	40,771.	30,889.	3,649.	9,505.
	MISCELLANEOUS	66,155.	5,681.	52,302.	8,172
		00,100.	3,001.	34,304.	0,1/2
	• All other expenses	8,629,347.	7,191,859.	1,233,709.	203,779.
	Joint costs. Complete this line only if the	0,020,547.	, , 1 ) 1 , 0 3 ) .	1,233,103.	203,117.
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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### Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	144,417.	1	154,793.
	2	Savings and temporary cash investments	2,424,780.	2	2,492,765.
	3	Pledges and grants receivable, net	6,953,928.	3	6,498,464.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	2,875,552.	9	5,740,272.
		Land, buildings, and equipment: cost or other	270.070021		3771372721
		basis. Complete Part VI of Schedule D 10a 4,026,051.			
	h	Less: accumulated depreciation	2,800,724.	100	1,965,529.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		
	14				NONE
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,199,401.	16	16,851,823.
	17	Accounts payable and accrued expenses	1,559,527.	17	673,533.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	430,000.	23	397,092.
	24	Unsecured notes and loans payable to unrelated third parties	851,843.	24	848,739.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,518.	25	NONE
	26	Total liabilities. Add lines 17 through 25	2,843,888.	26	1,919,364.
Seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,975,380.	27	3,157,467.
ä	28	Net assets with donor restrictions	9,380,133.	28	11,774,992.
<b>Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	12,355,513.	32	14,932,459.
Net	33	Total liabilities and net assets/fund balances	15,199,401.	33	16,851,823.
	00	Total maximilion and not according balances, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1J,1JJ,4U1.	JJ	Form <b>990</b> (2022)

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		11,7	49,	401.
2	Total expenses (must equal Part IX, column (A), line 25)		8,6	29,	347.
3	Revenue less expenses. Subtract line 2 from line 1		3,1	20,	<u>054</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		12,3	55,	<u>513</u> .
5	Net unrealized gains (losses) on investments				NONE
6	Donated services and use of facilities		-5	43,	<u> 108</u> .
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O) 9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		14,9	32,	<u>459</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	n on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

empt charitable trust.	2022				
on.	Open to Public Inspection				
Employer identification number					

DEI	NISI	E LOUIE EDUCATION C	ENTER				91-1	.016974	
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instructio	ns.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A	)(iii). Enter the	
		hospital's name, city, and st	ate:						
5		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). (C	Complete Part II.)	•	-				
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).		
7	X	An organization that norma	_			-		om the general public	
		described in section 170(b)	-	•		J		0 1	
8		A community trust describe		· · · · · · · · · · · · · · · · · · ·	Part II.)				
9		An agricultural research org	-		-	perated	I in conjunction with a	a land-grant college	
		or university or a non-land-	=			-	•		
		university:	0 0 0	,	,		, ,,	J	
10		An organization that norma	Ily receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, members	hip fees, and gross	
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its	
		support from gross investmacquired by the organizatio	nent income and ui	nrelated business tax 975 See section <b>509</b>	abie inco (a)(2) ((	me (les:	s section 511 tax) tron Part III \	n businesses	
11		An organization organized a							
12		An organization organized a	•	•	•			rry out the purposes of	
		one or more publicly suppo	•	•					
		the box on lines 12a through	=						
а		Type I. A supporting orga	anization operated	. supervised. or contr	olled by	its supp	orted organization(s)	tvpically by giving	
		the supported organization	•	•	-		• , ,		
		_ supporting organization.				, ,			
b		Type II. A supporting org				with its	supported organizat	ion(s), by having	
		control or management of	•						
		organization(s). You must	· · · -	=		•			
С		Type III functionally integ	•	•	ated in co	onnectio	n with, and functiona	ally integrated with.	
		its supported organization						, <b>,</b> ,	
d		Type III non-functionally		· ·				rted organization(s)	
		that is not functionally inte			-			- ' '	
		requirement (see instructi	-		-		•		
е		Check this box if the orga		-				II, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	rganizat	ion.		
f	En	ter the number of supported	l organizations						
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)	
				, , , , ,	Yes	No	,	,	
(A)									
(B)									
····									
(C)									
(D)									
(E) ——									
Tota	al								

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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,939,493.	8,028,293.	7,868,200.	8,162,222.	11,247,429.	41,245,637.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4	Total. Add lines 1 through 3	5,939,493.	8,028,293.	7,868,200.	8,162,222.	11,247,429.	41,245,637.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						150,402.	
6	Public support. Subtract line 5 from line 4						41,095,235.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	5,939,493.	8,028,293.	7,868,200.	8,162,222.	11,247,429.	41,245,637.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,159.	NONE	NONE	3,379.	34,874.	51,412.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	281.	58,832.	184,115.	85,434.	181,671.	510,333.	
11	Total support. Add lines 7 through 10						41,807,382.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,226,684.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
	tion C. Computation of Public Sup							
14	Public support percentage for 2022 (li					14	98.30 %	
15	Public support percentage from 2021					15	98.18 %	
16a	33 1/3 % support test - 2022. If the org							
	box and <b>stop here.</b> The organization quantum property and the stop here.							
b	331/3% support test - 2021. If the org							
	this box and <b>stop here.</b> The organization	-		-				
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization					-	•	
	Part VI how the organization meets			_				
	organization							
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the organization reports					-	-	
	in Part VI how the organization meets			_	-			
10	organization							
18								
	instructions						<u> </u>	

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			,,	<u> </u>	,	
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2, and 3						
/a	received from disqualified persons						
h	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 20 . 0	(2) 20:0	(0, 2020	(4) 2021	(0) 2022	(.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
	Net income from unrelated business						
11							
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	4ha ' ''	ania fit	 	- fifth '		F04/-\/0\
14	First 5 years. If the Form 990 is for	_					
<del></del>	organization, check this box and stop here.						
<u>Sec</u>	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			ımn (f))		15	%
16							
$\overline{}$	Public support percentage from 2021 Schettion D. Computation of Investment					16	70
	Investment income percentage for 2022 (lin			13 column (f))		17	%
17 18	Investment income percentage for 2022 (III					18	
	331/3% support tests - 2022. If the org						
ıJd	17 is not more than 331/3%, check this	-					
<b>L</b>	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-	•		• • • • • • • • • • • • • • • • • • • •	
				,,	,		

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#### Part IV Supporting Organizations

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

Section A. All Supporting Organizatior
--

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

described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.** 

10 a 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.)

Schedule A (Form 990) 2022

9a

9b

9c

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	445		
Section	on B. Type I Supporting Organizations	11c		
50011	on billypo i cupporting 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
2	provided?  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 <b>Part VI</b> how	1		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on 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 in	structi	ons).	
a b c	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	ructions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish e	1					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	4 Amounts paid to acquire exempt-use assets						
5	Government Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.	8	В				
9	Distributable amount for 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	0					
Cast	ion C. Distribution Allocations (consinctivistics)		(iii)				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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Schedule A (Form 990 or 990-EZ) 2022

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 - OTHER IN	ICOME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS	281.	1,216.	16,500.	1,578.	20,493.	40,068.
ADMINISTRATIVE FEE REVENUE	NONE	57,616.	167,615.	83,856.	161,178.	470,265.
TOTALS	281.	58,832.	184,115.	85,434.	181,671.	510,333.

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

DENISE LOUIE EDUCATION	I CENTER	91-1016974						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion						
	501(c)(3) taxable private foundation							
Check if your organization is cov	vered by the <b>General Rule</b> or a <b>Special Rule</b> .							
	(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See						
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributoroperty) from any one contributor. Complete Parts I and II. See instruction tributions.							
Special Rules								
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) from any one contributor, during the year, total contributions of the greaton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or						
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
contributor, during the contributions totaled medium during the year for an <b>General Rule</b> applies t	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
_	n't covered by the General Rule and/or the Special Rules doesn't file Schools of its Form 990; or check the box on line H of its Form 990-FZ or on							

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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. (d) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Χ HEAD START PROGRAM 1 Person **Payroll** 2201 SIXTH AVENUE, SUITE 300 4,895,888. Noncash (Complete Part II for SEATTLE, WA 20447 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 SEATTLE DEPT. OF EDU. & EARLY LEARNING Χ Person **Payroll** P.O.BOX 94665 855,040. Noncash (Complete Part II for SEATTLE, WA 94665 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 STATE OF WA DEPARTMENT OF EARLY LEARNING Person Χ **Payroll** 593,508. P.O.BOX 40970 Noncash (Complete Part II for OLYMPIA, WA 98504 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 PUBLIC HEALTH SEATTLE & KING COUNTY Χ Person **Payroll** 401 5TH AVENUE 265,552. Noncash (Complete Part II for SEATTLE, WA 98104 noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Pavroll** 

\$

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	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from 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 information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

#### **SCHEDULE C** (Form 990)

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Tax)	(See separate instructions), the		/ Tax) (See separate i	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Franksian ida	maticia anti anno more mante an
	e of organization				ntification number
	VISE LOUIE EDUCATION		1' 504( )		016974
Pai		organization is exempt under			
1	•	ne organization's direct and ind	lirect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	<u> </u>			
2		xpenditures. See instructions			
		campaign activities. See instruction			
Par		organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization n			
3		a section 4955 tax, did it file Form	=		
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	5).
1		xpended by the filing organization			
2		g organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Er			
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification nums. For each organization listed, exibutions received that were prond or a political action committee	ber (EIN) of all section nter the amount paid mptly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter plitical organization, such
	(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
(1)					
(2)					
( <del>2</del> )					
(3)			_		
(4)					
(5)					
(6)					
			¬	1	1

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

Schedule C (Form 990) 2022

Schedule C (For	rm 990) 2022	DENISE	LOUIE	EDUCATION	CENTER	91-1016974	Page 2
	Complete if the o section 501(h)).	rganizatio	n is exe	mpt under s	ection 501(c)(3) and	filed Form 5768 (election under	

		section 501(h)).		•	
Α	Check		ongs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group mem	nber's name, address
В	Check	if the filing organization ch	ecked box A and "limited control" provisions app	ply.	
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b d	Total lob Total lob Other ex	bying expenditures to influence bying expenditures (add lines 1 tempt purpose expenditures	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) lines 1c and 1d)	8,629,347. 8,629,347.	
f	Lobbying columns		e amount from the following table in both	581,467.	
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over	\$500,000	20% of the amount on line 1e.		
	Over \$50	0,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,0	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,5	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17	,000,000	\$1,000,000.		
g	Grassro	ots nontaxable amount (enter 25	% of line 1f)	145,367.	
h	Subtract	line 1g from line 1a. If zero or le	ess, enter -0-		

#### 4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 

i Subtract line 1f from line 1c. If zero or less, enter -0-

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

		Lobbying Exper	ditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
2a	Lobbying nontaxable amount	496,688.	517,493.	556,935.	581,467.	2,152,583.
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,228,875.
С	Total lobbying expenditures					
d	Grassroots nontaxable amount	124,172.	129,373.	139,234.	145,367.	538,146.
е	Grassroots ceiling amount (150% of line 2d, column (e))					807,219.
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

No

Yes

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	(a	)		b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed					
lescription of the lobbying activity.	Yes	No	Ame	ount	
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?					
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> </ul>					
<ul><li>Publications, or published or broadcast statements?</li><li>Grants to other organizations for lobbying purposes?</li></ul>					
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>					
<ul> <li>j Total. Add lines 1c through 1i</li> <li>lid the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>lf "Yes," enter the amount of any tax incurred under section 4912</li> <li>lf "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> </ul>					
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 507 501(c)(6).		, or se	ction	Yes	No
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?			2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	I(c)(5)	, or se	ction	3, is	
Dues, assessments and similar amounts from members	unts (		1		
political expenses for which the section 527(f) tax was paid).  a Current year			2a 2b		
b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du		[2	2c 3		
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du</li> </ul>	n of th	ie ig			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditures next year?			4		

Schedule C (Form 990) 2022

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number DENISE LOUIE EDUCATION CENTER 91-1016974 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treasures	, or	Other	Similar Asse	ets (co	ontinued	')
3	Using the organization's acquisition	on, accession, and	other records,	check any of	f the	follow	ing that make	signi	ficant use	e of its
	collection items (check all that app	ly):								
а	Public exhibition		d l	_oan or excha	ange	progra	m			
b	Scholarly research									
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	s and explain	how they fur	ther	the or	ganization's ex	kempt	purpose	in Part
	XIII.			•			-	•		
5	During the year, did the organization	on solicit or receive o	donations of ar	t, historical tre	easu	res, or	other similar			
	assets to be sold to raise funds rath	ner than to be maint	ained as part o	f the organiza	ation'	s colle	ction?		Yes	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza 990, Part X, line 21.	ation answered "Ye	es" on Form 9	990, Part IV,	line	9, or r	eported an a	moun	t on Forr	n
1a	Is the organization an agent, trus	tee, custodian or o	ther intermed	iary for contr	ibutio	ons or	other assets	not		
	included on Form 990, Part X?			-				[	Yes	No
b	If "Yes," explain the arrangement i								`	
	, ,		•	ĺ			Am	ount		
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year			- t	1e					
f	Ending balance			- t	1f					
2a	Did the organization include an am					stodial	account liability	/?	Yes	No
	If "Yes," explain the arrangement i									
	rt V Endowment Funds.						-			
	Complete if the organiza	ation answered "Ye	es" on Form 9	990, Part IV,	line	10.				
	1 3	(a) Current year	(b) Prior yea				(d) Three years	back	(e) Four ye	ars back
10	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,						., ,	
1a h	Contributions									
b	Net investment earnings, gains,									
С	and losses									
لہ										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				(-))	ممادامه	-			
2 a	Provide the estimated percentage Board designated or quasi-endown	nent		ne rg, column	(a))	neid as				
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, a	•								
3a	Are there endowment funds not in	the possession of the	he organization	n that are held	d and	d admir	nistered for the		Va	a Na
	organization by:								Ye	s No
	(i) Unrelated organizations								3a(i)	
_	(ii) Related organizations								3a(ii)	
_	If "Yes" on line 3a(ii), are the relate	•	•		?				3b	
4	Describe in Part XIII the intended u									
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "Y	es" on Form	990. Part IV.	line	11a. S	See Form 99	0. Par	t X. line	10.
	Description of property	(a) Cost of	r other basis (b)	Cost or other ba		(c) Ac	cumulated		Book value	
	Land	,	stment)	(other)	_	depr	eciation		1 000	
1a	Land			1,099,99			00 500		1,099	
b	Buildings			200,00			22,500.			<u>,507.</u>
С	Leasehold improvements			2,318,05			31,695.			,363.
d	Equipment			407,99	3.	3	06,327.		101	<u>,666.</u>
<u>e</u>	Other									
Tota	II. Add lines 1a through 1e. <i>(Column</i>	ı (d) must equal Fori	m 990, Part X, o	column (B), lin	e 10	c.)			1,965	,529.

Schedule D (Form 990) 2022

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Part VII	Complete if the organization answered	d "Yes" on Form 99	0. Part IV. line 11b. See Form 990	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financi	ial derivatives			
(2) Closely	y held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1)			
	on (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Ves" on Form 00	0 Part IV line 11d See Form 990	Part Y line 15
		scription	o, raitiv, line i ra. See roini 990	(b) Book value
(1)	(a) De	Scription		(b) DOOK Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat reports the

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

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Schedule D (Form 990) 2022

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	11,834,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	84,757.
3	Subtract line 2e from line 1	3	11,749,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	11 740 401
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5 rn	11,749,401.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,257,212.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	20	627,865.
e	Add lines 2a through 2d	2e 3	8,629,347.
3	Subtract line <b>2e</b> from line <b>1</b>	<u> </u>	0,025,547.
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,629,347.
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform  SUPPLEMENTAL PAGE	nation	

Schedule D (Form 990) 2022

#### Part XIII Supplemental Information (continued)

OTH AMTS INCLUDED IN FINANCIALS NOT IN THE RETURN REVENUE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE INCLUDED ON LINE 8B 42,938.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE INCLUDED ON LINE 8B 42,938.

DONATED RENT INCLUDED ON PAGE 12, LINE 6 543,108.

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TOTAL TO SCHEDULE D, PART XII, LINE 2D 586,046.

Schedule D (Form 990) 2022

35

#### SCHEDULE G (Form 990)

Department of the Treasury

### **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.

Internal Revenue Service Go to www.irs.gov/

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the	e organization					Employer identification	on number
DENISE	LOUIE EDUCATION CENTER					91-101697	74
Part I	Fundraising Activities. Comp	olete if the organ	ization ar	swered "	Yes" on Form 99	0, Part IV, line 1	7.
	Form 990-EZ filers are not re	equired to comple	ete this pa	rt.			
1 Ind	licate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grants		
c	Phone solicitations	g			ising events		
d	In-person solicitations	9			.og overne		
	d the organization have a written o	or oral agreement w	vith any in	dividual (in	oludina officere d	lirootore truetoos	
	key employees listed in Form 990						Yes No
	Yes," list the 10 highest paid indi						
	mpensated at least \$5,000 by the		(	.c, pa.caa	and to agreement		
	•	· ·					
			an 5			(v) Amount paid to	484
(	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(, /		outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No		5 til (4)	
1							
-							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	t all states in which the organiza	ition is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
reg	gistration or licensing.						

			LOUIE EDUCATION	CENTER	9	1-1016974 Page <b>2</b>		
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g					
Revenue		g. ooo rooo,p.o g. cato. man ço,oo	(a) Event #1  AUCTION (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))		
	1	Gross receipts			(ca. nanos)	257,053.		
	2	Less: Contributions Gross income (line 1 minus line 2)	257,053.			257,053.		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes	1,455.			1,455.		
	6	Rent/facility costs	8,790.			8,790.		
	7	Food and beverages	10,663.			10,663.		
	8	Entertainment	13,934.			13,934.		
	9	Other direct expenses	8,096.			8,096.		
	11	Direct expense summary. Add lin Net income summary. Subtract l	-42,938.					
Pa	rt III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
_	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes%   No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)				

Enter the state(s) in which the organization conducts gaming activities:

Is the organization licensed to conduct gaming activities in each of these states?

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

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Schedule G (Form 990) 2022

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If "No," explain:

If "Yes," explain:

No

Sched	dule G (Form 990 or 990-EZ) 2022 DENISE LOUIE EDUCATION CENTER	91-10	016974	Page 3		
11	Does the organization conduct gaming activities with nonmembers?		Yes	No		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti	ty				
	formed to administer charitable gaming?		Yes	No		
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a		%		
b	An outside facility			%		
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and				
	Name ▶					
	Address ▶					
15 a	Does the organization have a contract with a third party from whom the organization receives					
_	revenue?		Yes	No		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the				
_	amount of gaming revenue retained by the third party ► \$					
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ►					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation ▶\$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
 а	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to				
	retain the state gaming license?		Yes	No		
b	Enter the amount of distributions required under state law to be distributed to other exempt orgonic or spent in the organization's own exempt activities during the tax year > \$					
Par		(iii) and (	v) and			
ai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).					

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

20**22**Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 91-1016974

DENISE LOUIE EDUCATION CENTER

#### 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.