** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A I</u> | For the | \simeq 2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 and $$ | ending J | <u>UN 30, 2024</u> | |
|---------------|--------------------------------------|--|---------------|---------------------------------------|-------------------------------|
| B | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre chang | EAST SIDE LEARNING CENTER | | | |
| | Name chang | Doing business as | | 04-36996 | 78 |
| | Initial return Final return | P.O. BOX 6703 | Room/suite | E Telephone number 651-758- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 709,334. |
| | Ameno return | 51. PAUL, MN 55100 | | H(a) Is this a group re | |
| | Application pendir | F Name and address of principal officer: RATHLEEN OORGENSEN | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| 1 | Tax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | or 527 | If "No," attach a | list. See instructions |
| | Vebsi | | | H(c) Group exemption | |
| | orm of | organization: X Corporation Trust Association Other Summary | L Year | of formation: 2001 N | 1 State of legal domicile; MN |
| | 1 | Briefly describe the organization's mission or most significant activities: EAST | SIDE | LEARNING CEN | NTER'S |
| Governance | | MISSION IS "UNLOCKING EACH CHILD'S POTENT | IAL TH | ROUGH THE F | OUNDATION |
| rna | 2 | Check this box if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | |
| ove | 3 | | | 3 | 10 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| Activities & | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 52 |
| Ĭ | 6 | Total number of volunteers (estimate if necessary) | | | 89 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | Prior Year | 0. Current Year |
| Revenue | | Contributions and avents (Dort VIII line 41s) | | 658,139. | 619,365. |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 24,497. | 69,208. |
| | 9 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 9,020. | 20,146. |
| Be | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 380. | 615. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 692,036. | 709,334. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| w | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 476,253. | 367,379. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ē | . в | Total fundraising expenses (Part IX, column (D), line 25) 62, 11 | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 232,141. | 156,721. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 708,394. | 524,100. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -16,358. | 185,234. |
| Net Assets or | | | Ве | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 872,769. | 1,047,450. |
| TA A | 21 | Total liabilities (Part X, line 26) | | 31,606. | 21,053. |
| Ž | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 841,163. | 1,026,397. |
| | art II | _ | | | limaniladas and haliaf it is |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules rt, and complete. Declarat <u>ion of prepare</u> r (<u>ot</u> her than officer) is based on all <u>i</u> nfo <u>rmation of wh</u> i | | · · · · · · · · · · · · · · · · · · · | knowledge and belief, it is |
| uue | , correc | PUBLIC DISCLOSURE COPY | icii preparei | lias any knowledge. | |
| Sig | . | Signature of officer | | I Date | |
| Her | | KATHLEEN JORGENSEN, BOARD CHAIR | | | |
| 1101 | C | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | [| Date Check | PTIN |
| Paid | i | MATT PILLSBURY MATT PILLSBURY | 1 | 2/03/24 if self-employ | P01565609 |
| | parer | Firm's name CARPENTER, EVERT & ASSOCIATES, LT | | | 1-1534805 |
| | Only | Firm's address 7760 FRANCE AVE S, SUITE 940 | | | |
| _ | | BLOOMINGTON, MN 55435 | | Phone no. (9 | 52) 831-0085 |
| May | the If | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |
| | | | | | |

| Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: EAST SIDE LEARNING CENTER'S MISSION IS "UNLOCKING EACH CHILD'S POTENTIAL THROUGH THE FOUNDATION OF READING." 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | <u>⊆</u> |
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| SEE SCHEDULE O FOR ADDITIONAL PROGRAM LANGUAGE | _ |
| 4b (Code:) (Expenses \$) (Revenue \$) | _ |
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| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ | _) |
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| 4d Other program services (Describe on Schedule O.) | _ _ _ |
| (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e Total program service expenses 370,282. | |

Form 990 (2023) EAST SIDE LEARNING CENTER Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|--|-----------------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | 1 |
| 0 | , , | | | X |
| ^ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9_ | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | 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," complete Schedule D, | | | |
| | Part VI | 11a | _X_ | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| h | 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 |
| 14a | Did the appropriation projection of the control of the Light of the Light of the Light of the Control | 14a | | X |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | -a | | |
| D | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 14b | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | 1 |
| 15 | | 45 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | <u> </u> |
| 16 | | 40 | | _ v |
| | 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, | | | 37 |
| | 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 | | <u> </u> |
| 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 |

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Form 990 (2023) EAST SIDE LEARNING CENTER
Part IV Checklist of Required Schedules (continued)

| | , and the state of | | Yes | No |
|----------|--|------|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | NO |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | <u> X</u> |
| 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 | | <u> </u> |
| 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 | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28c | | х |
| 20 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 29 30 | Did the organization receive more trial \$25,000 in norcash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | | 30 | | х |
| 31 | contributions? If "Yes," complete Schedule M | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | - 31 | | |
| OZ. | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| - | sections 301.7701-2 and 301.7701-3? 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, or IV, and | | | |
| • | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 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 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | لـــا |
| | | | 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 | | 77 | |
| | (gambling) winnings to prize winners? | 1c | X | (2.5.=) |
| 332004 | ¥ 12-21-23 | Form | シンし | (2023) |

EAST SIDE LEARNING CENTER 04-3699678 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a

X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Form **990** (2023)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|--------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 10 | | | |
| | 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 | | Х |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | (This decision b requests information about policies not required by the internal revenue dode.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | 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 | Х | |
| | 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 | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | 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 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed MN | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ble |
| . = | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| .5 | statements available to the public during the tax year. | αι ι | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| _0 | KARMIT BULMAN - 651-758-0851 | | | |
| | 290 ARUNDEL STREET, ST PAUL, MN 55103 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|----------------------------|-------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|---------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | not c | Pos | ition |) than (| one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | _ | cer ar | nd a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | l trus | | ee. | ubeu | | 1099-NEC) | 1099-1450) | and related |
| | below | dual t | ntiona | _ | m ploy | st cor | <u></u> | 1000 1120) | | organizations |
| | line) | ndivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARY FRITZ | 40.00 | | _ | Ť | | - ŭ | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 76,500. | 0. | 0. |
| (2) SR CHERYL MARIE WAGNER | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) KATHLEEN JORGENSEN | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (4) LIZ WYNNE | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) DEAN ANDREW | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (6) CRISTOBAL CEVALLOS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) TIM REARDON | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) MARY WILLETTE, SSND | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) MANDY GLEASON | 2.00 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DAVE ROMANS | 2.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JOAN SCHLICHTING | 2.00 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) MARG PENN | 2.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) TRACI LEFFNER | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) BEN WILLIAMS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | - | - | - | - | - | | | | |
| | | } | | | | | | | | |
| | | | - | | | - | | | | |
| | | 1 | | | | | | | | |
| | 1 | <u> </u> | | <u> </u> | | <u> </u> | | | | = 000 (aaaa) |

| Section A. Officers, Directors, Tru | ıstees, Key Em | <u>ploy</u> | ees, | and | Hig | ghes | t C | ompensated Employee | s (continued) | | | |
|--|------------------------|--------------------------------|-----------------------|--------------|--------------|---------------------------------|----------|----------------------------|-------------------|--------|----------------|----------|
| (A) | (B) | | | | C) | | | (D) | (E) | | (F | -) |
| Name and title | Average | (do | | Pos | | າ than d | nne | Reportable | Reportable | | Estim | nated |
| | hours per | box | , unle | ss pe | rson i | is both | n an | compensation | compensation | ۱ | amou | ınt of |
| | week | - | cer ar | nd a d | irecto | or/trus | tee) | from | from related | | oth | ner |
| | (list any | ector | | | | | | the | organizations | | compe | |
| | hours for | or dir | ao | | | ted | | organization | (W-2/1099-MIS | C/ | from | |
| | related | stee | truste | | an an | bens | | (W-2/1099-MISC/ | 1099-NEC) | | organi | |
| | organizations below | lal tru | onal | | ploye | e co | | 1099-NEC) | | | and re | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organiz | zations |
| | | 트 | 드 | 6 | ᇫ | 王吉 | 꼰 | | | | | |
| | | - | | | | | | | | | | |
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| | | <u> </u> | | | | <u> </u> | | | | | | |
| | | - | | | | | | | | | | |
| | | + | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 76,500. | | 0. | | 0. |
| c Total from continuation sheets to Part | | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 76,500. | | 0. | | 0. |
| 2 Total number of individuals (including but compensation from the organization | not limited to th | iose | liste | d ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | 0 |
| compensation from the organization | | | | | | | | | | | Ye | |
| 3 Did the organization list any former office | er, director, trust | ee, ŀ | кеу е | empl | loye | e, or | hig | hest compensated empl | loyee on | [| | |
| line 1a? If "Yes," complete Schedule J for | such individual | | | | | | | | | [| 3 | X |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | |
| and related organizations greater than \$1 | | | | | | | | | | [| 4 | Х |
| 5 Did any person listed on line 1a receive o | r accrue comper | nsati | on fr | rom | any | unre | elate | ed organization or individ | dual for services | | | |
| rendered to the organization? If "Yes," co Section B. Independent Contractors | mplete Schedul | e J f | or su | ıch <u>i</u> | oers | on . | | | | | 5 | X |
| Complete this table for your five highest of | compensated inc | | nder | nt co | ntr | acto | rs th | nat received more than \$ | 100 000 of comp | -nsat | ion from | |
| the organization. Report compensation for | | | | | | | | | | oriout | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and busines | ss address | NO | INC | <u> </u> | | | _ | Description of s | ervices | С | ompensa | tion |
| | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | |
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| | | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of independent contractors | (including but n | ot lir | niter | ot b | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the orga | | J. 111 | | | (| | | 22010, MIO 1000IVOG III | 2.3 0 001 | | | |
| | | | | | | | | | | | Form 99 | 0 (2023) |

332008 12-21-23

 $\begin{array}{c|c} \textbf{Form 990 (2023)} & \textbf{EAST SI} \\ \hline \textbf{Part VIII} & \textbf{Statement of Revenue} \\ \end{array}$

| | | Check if Schedule O contains a response | e or note to any lin | e in this Part VIII | | | |
|--|--------|---|----------------------|---------------------|-------------------|------------------|---------------------------------|
| | | · | - | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| '0 '0 | | Fadavatad assurations do | | | | | 00000010 0 12 0 11 |
| Contributions, Gifts, Grants and Other Similar Amounts | | Federated campaigns 1a | | | | | |
| Sra Iou | | Membership dues 1b | | | | | |
| S, (| | Fundraising events1c | | | | | |
| E a | d | Related organizations 1d | | | | | |
| S, (| е | Government grants (contributions) 1e | | | | | |
| ie S | f | All other contributions, gifts, grants, and | | | | | |
| he l | | similar amounts not included above 1f | 619,365. | | | | |
| 풀 | а | Noncash contributions included in lines 1a-1f 1g \$ | - | | | | |
| Sol | - | Total. Add lines 1a-1f | | 619,365. | | | |
| <u> </u> | | Totali / Ida iii ioo ra 11 | Business Code | 7 - 7 - 7 - 7 - 7 | | | |
| | 0 0 | PROGRAM FEES | 611710 | 69,208. | 69,208. | | |
| ice | | | 011/10 | 05,200. | 05,200. | | |
| er re | b | | | | | | |
| o S | С | · | | | | | |
| ran Sev | d | | | | | | |
| Program Service Revenue | е | · | | | | | |
| ₫ | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 69,208. | | | |
| | 3 | Investment income (including dividends, inte | rest, and | | | | |
| | | other similar amounts) | | 20,146. | | | 20,146. |
| | 4 | Income from investment of tax-exempt bond | | • | | | , |
| | 5 | Royalties | - | | | | |
| | J | (i) Real | (ii) Personal | | | | |
| | 6 - | | (ii) i diddiidii | | | | |
| | | Gross rents 6a | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| e | | and sales expenses 7b | | | | | |
| ther Revenue | С | Gain or (loss) 7c | | | | | |
| è | | Net gain or (loss) | | | | | |
| ē | | Gross income from fundraising events (not | | | | | |
| 퉏 | - | including \$ of | | | | | |
| Ŭ | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 188 | | | | | |
| | h | | b | | | | |
| | | | D | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199 | | | | | |
| | | Less: direct expenses | b | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10 |)a | | | | |
| | b | Less: cost of goods sold |)b | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | , ,, | Business Code | | | | |
| sne | 11 a | MISC REVENUE | | 615. | 615. | | |
| Dec ULE | b | | | | 1230 | | |
| Miscellaneous Revenue | D - | | | | | | |
| Sce | C | | | | | | |
| Ĕ | d | All other revenue | | 615. | | | |
| | | Total. Add lines 11a-11d | | | 60 000 | _ | 20 146 |
| | 12 | Total revenue. See instructions | | 709,334. | 69,823. | 0. | 20,146. |

332009 12-21-23

Form 990 (2023) EAST SIDE LEARNING CENTER Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) orga | anizations must complete all columns | . All other organizations must complete co | lumn (A). |
|--------------------------------------|--------------------------------------|--|-----------|
| | | | |

| _ | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|----------|--|-------------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 76 500 | F0 001 | F 000 | 11 400 |
| | trustees, and key employees | 76,500. | 59,991. | 5,080. | 11,429 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 250 420 | 207 714 | 15 015 | 25 010 |
| 7 | Other salaries and wages | 259,439. | 207,714. | 15,915. | 35,810 |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 6 470 | 5,081. | 430. | 0.60 |
| 9 | Other employee benefits | 6,479. 24,961. | 19,573. | 1,658. | 968 3,730 |
| 10 | Payroll taxes | 24,301. | 13,3/3. | 1,030. | 3,730 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 1,522. | | 1,522. | |
| b | Legal | 42,093. | | 42,093. | |
| C | Accounting | 42,093. | | 42,095. | |
| d | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| e | Investment management fees | | | | |
| f | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A), amount, list line 11g expenses on Sch 0.) | 42,962. | 18,893. | 21,583. | 2,486 |
| 12 | Advertising and promotion | 12,302. | 10,055. | 21,303. | 2,400 |
| 13 | Office expenses | 9,171. | 7,192. | 609. | 1,370 |
| 13 14 | Information technology | 3/1/10 | ,,1520 | 0031 | 1,570 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 20,355. | 15,961. | 1,352. | 3,042 |
| 17 | Travel | 705. | 553. | 47. | 105 |
| 18 | Payments of travel or entertainment expenses | , 00 0 | 3331 | -,, | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 5,921. | 4,643. | 393. | 885 |
| 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 0.) | | | | |
| а | STAFF TRAINING AND SUPP | 18,616. | 18,616. | | |
| b | OTHER EXPENSE | 5,857. | 4,599. | 387. | 871 |
| С | PRINTING AND COPYING | 4,415. | 3,462. | 293. | 660 |
| d | DUES & SUBSCRIPTIONS | 2,907. | 2,280. | 193. | 434 |
| е | All other expenses | 2,197. | 1,724. | 145. | 328 |
| 25 | Total functional expenses. Add lines 1 through 24e | 524,100. | 370,282. | 91,700. | 62,118 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2023)
Part X | Balance Sheet

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|--------------|---------------------------------------|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or | note to an | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 290,787. | 1 | 308,083. |
| | 2 | Savings and temporary cash investments | | | 432,436. | 2 | 583,897. |
| | 3 | Pledges and grants receivable, net | | | 85,611. | 3 | 94,050. |
| | 4 | Accounts receivable, net | | | 24,496. | 4 | 50,000. |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified per | | | | |
| | | under section 4958(f)(1)), and persons descri | bed in sec | tion 4958(c)(3)(B) | | 6 | |
| υ | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | 8 | | | |
| ¥ | 9 | B | | | 11,361. | 9 | 3,496. |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 16,362. | | | |
| | b | Less: accumulated depreciation | 10b | 16,362. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lir | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 28,078. | 15 | 7,924. | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line 3 | 3) | 872,769. | 16 | 1,047,450. |
| | 17 | Accounts payable and accrued expenses | | | 3,344. | 17 | 13,037. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV | of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or for | | | | | |
| Ě | | trustee, key employee, creator or founder, su | | | | | |
| Liabilities | | controlled entity or family member of any of t | hese pers | ons | | 22 | |
| - | 23 | Secured mortgages and notes payable to un | | · · · · · · · · · · · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | - | · · · · · · · · · · · · · · · · · · · | 00 060 | | 0.016 |
| | | of Schedule D | | | 28,262. | | 8,016. |
| | 26 | | | 77 | 31,606. | 26 | 21,053. |
| s | | Organizations that follow FASB ASC 958, o | check her | X | | | |
| ce | | and complete lines 27, 28, 32, and 33. | | | 706 162 | | 071 207 |
| alar | 27 | Net assets without donor restrictions | | | 796,163. | 27 | 971,397. |
| B | 28 | Net assets with donor restrictions | | | 45,000. | 28 | 55,000. |
| Ĕ | | Organizations that do not follow FASB ASC | C 958, che | ck here | | | |
| Ϋ́ | | and complete lines 29 through 33. | | | | | |
| ts (| 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 841,163. | 31 | 1 026 207 |
| ž | 32 | Total net assets or fund balances | | | | 32 | 1,026,397. |
| | 33 | Total liabilities and net assets/fund balances | | | 872,769. | 33 | 1,047,450. |

| Par | t XI Reconciliation of Net Assets | | | , | 90 |
|----------|---|----------|------------|-------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 9,3 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 00. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 18 | 5,2 | <u>34.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 84 | 1,1 | <u>63.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| <u> </u> | column (B)) | 10 | 1,02 | 5, 3 | <u>97.</u> |
| Par | t XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | • | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - | v | |
| b | , , , | | 2b | X | |
| | 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 oversight of the review, or compilation of its financial statements and selection of an independent accountant? | | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | 20 | -21 | |
| 22 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | edule O. | | | |
| Sa | | | За | | x |
| h | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required. | ed audit | . Ja | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | ou addit | 3b | | |
| | | | | | |

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number Name of the organization EAST SIDE LEARNING CENTER 04-3699678 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

| Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities | (f) Total 3657067. | | | | | | | | | | |
|---|--------------------|--|--|--|--|--|--|--|--|--|--|
| membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 728,479. 817,057. 834,027. 658,139. 619,365. | 3657067. | | | | | | | | | | |
| include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 728,479. 817,057. 834,027. 658,139. 619,365. | 3657067. | | | | | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 3657067. | | | | | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | | | | | | |
| or expended on its behalf | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| 3 The value of services or facilities | | | | | | | | | | | |
| e value of services or facilities | | | | | | | | | | | |
| furnished by a governmental unit to | | | | | | | | | | | |
| the organization without charge | | | | | | | | | | | |
| 4 Total. Add lines 1 through 3 728, 479. 817, 057. 834, 027. 658, 139. 619, 365. | 3657067. | | | | | | | | | | |
| 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) | 549,892. | | | | | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | 3107175. | | | | | | | | | | |
| Section B. Total Support | 1 0 2 0 1 2 1 0 1 | | | | | | | | | | |
| Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 | (f) Total | | | | | | | | | | |
| 7 Amounts from line 4 728, 479. 817, 057. 834, 027. 658, 139. 619, 365. | 3657067. | | | | | | | | | | |
| 8 Gross income from interest, | 30370070 | | | | | | | | | | |
| dividends, payments received on | | | | | | | | | | | |
| securities loans, rents, royalties, | | | | | | | | | | | |
| and income from similar sources 3,144. 440. 327. 9,020. 20,146. | 33,077. | | | | | | | | | | |
| 9 Net income from unrelated business | 33,077 | | | | | | | | | | |
| | | | | | | | | | | | |
| activities, whether or not the | | | | | | | | | | | |
| business is regularly carried on | | | | | | | | | | | |
| 10 Other income. Do not include gain | | | | | | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) 24,000. 5,000. 8,346. 24,877. 69,823. | 132,046. | | | | | | | | | | |
| | 3822190. | | | | | | | | | | |
| 11 Total support. Add lines 7 through 10 | 3022190. | | | | | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | | | | | | | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | | | | | | | | | | | |
| organization, check this box and stop here Section C. Computation of Public Support Percentage | | | | | | | | | | | |
| | 81.29 % | | | | | | | | | | |
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | =- | | | | | | | | | | |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | | | | | | | | | | | |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this bo | | | | | | | | | | | |
| stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the | | | | | | | | | | | |
| and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% | • | | | | | | | | | | |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | zation | | | | | | | | | | |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is | 10% or | | | | | | | | | | |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | | | | |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | s | | | | | | | | | | |

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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 | etion A. Public Support | siow, picase comp | oloto i dit ii.j | | | | |
|------|--|--------------------------|----------------------|-----------------------|---------------------|------------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | | (a) 2013 | (6) 2020 | (6) 2021 | (d) ZOZZ | (6) 2020 | (i) rotai |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is | | | | | | |
| 12 | regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2023 (li | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 23 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | 2022 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly s | supported organiza | ation | |
| b | 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | |

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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 Organizations

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

| | Yes | No |
|----------|-----|----|
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| 10b | | |

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| Pai | Tiv 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 | | |
| | · · · · · · · · · · · · · · · · · · · | 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 | | | |
| 800 | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| Sec | tion B. Type i Supporting Organizations | $\overline{}$ | V | N 1 - |
| | Did the consequence had a manch one of the consequence had a settle one outline in the in-official consequence of the consequen | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 4 | | |
| • | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 2 | | |
| 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 | | | |
| Ū | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru | uction | s) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 2h | | |
| 2 | these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3 4 | | |
| ~ | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | |
|---|--|---|--|
| | emergency temporary reduction (see instructions). | 6 | |

1

2 3

4

5

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

Schedule A (Form 990) 2023

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

2 Enter 0.85 of line 1.

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations _{(continu} | ıed) | |
|-----------|---|-----------------------------|---------------------------------------|------|---|
| Section | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 5 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Section | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | ns | (iii) Distributable Amount for 2023 |
| _1_ | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| <u>a</u> | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| <u>d</u> | From 2021 | | | | |
| <u>e</u> | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| <u>i</u> | Carryover from 2018 not applied (see instructions) | | | | |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| е | Excess from 2023 | | | | |

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Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

| EA | AST SIDE LEARNING CENTER | 04-3699678 | | | | |
|---|---|---|--|--|--|--|
| Organization type (check of | one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | \overline{X} 501(c)($\overline{3}$) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| , , | is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. | | | | |
| For an organizatio | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's | · · · · · · · · · · · · · · · · · · · | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1) contributor, during | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) FZ, line 1. Complete Parts I and II. | d that received from any one | | | | |
| contributor, during literary, or educati | 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. | | | | | |
| year, contributions is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious simplete any of the parts unless the General Rule applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i> | | | | |
| answer "No" on Part IV, line | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990). | • | | | | |

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

EAST SIDE LEARNING CENTER

04-3699678

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|---------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$55,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No4_ | Name, address, and ZIP + 4 | Total contributions \$ 55,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization Employer identification number

EAST SIDE LEARNING CENTER

04-3699678

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ 20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ 20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

EAST SIDE LEARNING CENTER

04-3699678

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|--|---|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (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 |
| | | | |
| 323453 12-26. | | | Schedule B (Form 990) (2023) |

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** EAST SIDE LEARNING CENTER 04-3699678 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EAST SIDE LEARNING CENTER

Employer identification number 04-3699678

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | Siı | nilar Funds o | r Ac | cour | nts. Complete if the |
|-----|---|----------------------------|--------|---------------------|------------|---------------|---------------------------------|
| | Giganization anomorou Teo Giri enii eee, i arriv, iir | (a) Donor advi | ised | funds | (| b) Fun | ds and other accounts |
| 1 | Total number at end of year | . , | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | helo | l in donor advise | d fund | ls | |
| | are the organization's property, subject to the organization's | - | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | | |
| | impermissible private benefit? | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "\ | Yes' | on Form 990, Pa | art IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply | y). | | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | | Preservation of a | a histo | rically | important land area |
| | Protection of natural habitat | L | | Preservation of a | a certi | fied his | storic structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contr | ribut | ion in the form of | f a cor | nserva | |
| | day of the tax year. | | | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on line | 2a | | | 2c | |
| d | Number of conservation easements included on line 2c acqui | | | | | | |
| | on a historic structure listed in the National Register | | | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | minated by the o | organi | zation | during the tax |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, | anc | enforcing conse | rvatio | n ease | ements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and | enfo | rcing conservation | on eas | sement | ts during the year |
| _ | | | | | 4) (D) (') | | |
| 8 | Does each conservation easement reported on line 2d above | | | | | | □ vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn | | | | | | |
| | organization's accounting for conservation easements. | lote to the organization | 151 | nanciai statemei | ונס נוופ | ii uesc | Tibes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Ti | rea | sures, or Oth | er S | imila | r Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its re | ever | ue statement an | d bala | ınce st | neet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education | on, o | or research in furt | heran | ce of p | oublic |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that d | lesc | ribes these items | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its rever | nue : | statement and ba | alance | sheet | works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, | , or ı | esearch in furthe | rance | of pul | olic service, |
| | provide the following amounts relating to these items. | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| | | | | | | | \$ |
| 2 | If the organization received or held works of art, historical trea | | | | | | |
| | the following amounts required to be reported under FASB A | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| b | Assets included in Form 990, Part X | | | | | | \$ |

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

| | t III Organizations Maintaining Co | llections of Ar | t, Histo | orical Tre | easures, or (| Other S | Similar | Asset | S (continu | rage (| _ |
|------|---|----------------------|-------------|----------------|--------------------|-------------|---|------------|------------|-----------|----------|
| | Using the organization's acquisition, accession | | | | | | | | (OOTHER) | | _ |
| • | collection items (check all that apply). | ., | o, ooo | a, c | | iaite eigi | | 00 01 110 | | | |
| а | Public exhibition | d | | l oan or exc | change program | 1 | | | | | |
| b | | | | | | | | | | | |
| c | Preservation for future generations | · | , | | | | | | | | _ |
| 4 | Provide a description of the organization's coll | actions and explain | how th | av furthar th | ne organization' | e avamn | t nurnos | a in Dart | YIII | | |
| 5 | During the year, did the organization solicit or | • | | • | • | • | | e iiii ait | AIII. | | |
| 3 | to be sold to raise funds rather than to be mair | | | | | | | | Yes | □ Na | _ |
| Par | t IV Escrow and Custodial Arrange | | | | | | | | | No | <u>,</u> |
| · ui | reported an amount on Form 990, Part | | te ii trie | organizatioi | ranswered re | S OIIFU | ш ээо, | rantiv, i | irie 9, or | | |
| 10 | | | diany for | oontribution | o or other see | to not in | aludad | | | | _ |
| ıa | Is the organization an agent, trustee, custodian | | | | | | | | 7 v | | _ |
| | on Form 990, Part X? | | | | | | | ∟ | _ Yes | No |) |
| b | If "Yes," explain the arrangement in Part XIII ar | na complete the fol | llowing to | able: | | | | | Amount | | _ |
| | | | | | | | | | Amount | | _ |
| С | Beginning balance | | | | | | 1c | | | | _ |
| d | Additions during the year | | | | | | 1d | | | | _ |
| е | Distributions during the year | | | | | | 1e | | | | _ |
| f | Ending balance | | | | | | 1f | | | | _ |
| 2a | Did the organization include an amount on For | m 990, Part X, line | 21, for 6 | escrow or cu | ustodial accoun | t liability | ? | L | Yes | U No | ס |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | | | _ |
| Par | 00p.000 u | | | | | | | | T | | _ |
| | — | (a) Current year | (b) P | rior year | (c) Two years | back (c | i) Three ye | ears back | (e) Four y | ears back | (|
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the currer | nt vear end balance | e (line 1d | ı. column (a |)) held as: | | | | | | _ |
| a | Board designated or quasi-endowment | n your one building | % | ,, ==::::: (=: | ,,, | | | | | | |
| h | Permanent endowment | % | _^~ | | | | | | | | |
| c | Term endowment % | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c should | | | | | | | | | | |
| 20 | Are there endowment funds not in the possess | · | tion that | t are held a | ad administaras | l for the | | | | | |
| Sa | | sion of the organiza | מנוטוז נוומ | t are rielu ai | iu auriii iisteret | i ioi tiie | | | [· | res No | _ |
| | organization by: | | | | | | | | | 100 110 | _ |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | - | _ |
| | (ii) Related organizations? | | | | | | | | 3a(ii) | - | _ |
| | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | _ |
| Do: | Describe in Part XIII the intended uses of the o | | wment f | unds. | | | | | | | _ |
| Par | t VI Land, Buildings, and Equipme | | | ~ | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV | | i i | art X, Iir | ne 10. | | | | _ |
| | Description of property | (a) Cost or o | | ` ' | t or other | | umulate | d | (d) Book | value | |
| | | basis (investr | nent) | basis | (other) | depr | eciation | \perp | | | _ |
| 1a | Land | | | | | | | | | | _ |
| b | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 1 | 6,362. | | 16,36 | 2. | | 0 . | • |
| е | Other | | | | | | | | | | |
| | Add lines 1a through 1e (Column (d) must ag | | V line 1 | 00 00/11/20 | (D)) | | | | | 0. | _ |

| Part VII Investments - Other Securities | ARNING CENTE | | -3699678 Page |
|--|---------------------------|--|----------------------|
| Complete if the organization answered "Yes" o | n Form 990, 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 valuation: Cost or end- | of-year market value |
| 1) Financial derivatives | | | • |
| 2) Closely held equity interests | | | |
| s) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | • | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) D | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. | (B)) | | |
| Part X Other Liabilities | (2)) | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| (a) Description of liability | , , , | , , | (b) Book value |
| (1) Federal income taxes | | | . , |
| (2) LEASE LIABILITY | | | 8,016 |
| (3) | | | 0,01 |
| (4) | | | |
| (4) | | | |

(6) (7) (8) 8,016. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 798,525. | | |
|---|---|----|----------|----|----------|
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 89,190. | | |
| | Recoveries of prior year grants | 2c | | | |
| | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 89,190. |
| 3 | Subtract line 2e from line 1 | | | 3 | 709,335. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 709,335. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 613,290. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

89,190. a Donated services and use of facilities 2<u>a</u> **b** Prior year adjustments 2b 2c

d Other (Describe in Part XIII.) 89,190. Add lines 2a through 2d 2e 524,100. Subtract line **2e** from line **1** 3

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 524,100.

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

| Schedule D | (Form 990) 2023 | EAST | SIDE | LEARNING | CENTER | 04-3699678 | Page 5 |
|------------|--|---------------------|-------------|----------|--------|------------|--------|
| Part XIII | (Form 990) 2023 Supplemental Inform | mation ₍ | (continued) |) | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EAST SIDE LEARNING CENTER

Employer identification number 04 - 3699678

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| OF READING." |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| <u> </u> |
| STUDENTS WERE ASSESSED USING NATIONALLY RECOGNIZED ASSESSMENTS. |
| KINDERGARTEN: 100% MET BENCHMARK FOR LETTER NAME AND SOUND |
| IDENTIFICATION, 58% MET BENCHMARK FOR HIGH-FREQUENCY WORD |
| IDENTIFICATION.1ST GRADE: 63% MET BENCHMARK FOR FLUENCY AND/OR |
| ACCURACY, 58% MADE ACCELERATED GROWTH IN FLUENCY AND/OR ACCURACY. 2ND |
| GRADE: 60% MET BENCHMARK FOR FLUENCY AND/OR ACCURACY, 60% MADE |
| ACCELERATED GROWTH IN FLUENCY AND/OR ACCURACY. 3RD GRADE: 35% MET |
| BENCHMARK FOR FLUENCY AND/OR ACCURACY, 77% MADE ACCELERATED GROWTH IN |
| FLUENCY AND/OR ACCURACY. 85% OF STUDENTS DEMONSTRATED SOCIAL EMOTIONAL |
| GROWTH. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| LINE 11B EXPLANATION - THE FINANCE COMMITTEE WILL REVIEW THE DRAFT BEFORE |
| FILING AND WILL PRESENT THE RESULTS TO THE BOARD |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| A. AT THE FALL BOARD MEETING BOARD MEMBERS ACKNOWLEDGE THROUGH SIGNATURE |
| AND DATE THAT THE CONFLICT OF INTEREST & DISCLOSURE POLICY HAS BEEN |
| REVIEWED, AND THEY AGREE TO ABIDE BY IT OR THE FORM IS EMAILED AND A |
| SIGNATURE IS REQUIRED USING ADOBE ACROBAT OFFICIAL SIGNATURE TOOL. |
| B. THE SIGNED DOCUMENTS ARE ARCHIVED WITH THE OFFICIAL BOARD DOCUMENTS. |

332211 11-14-23

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

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization EAST SIDE LEARNING CENTER | Employer identification number 04-3699678 |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE FINANCE COMMITTEE USES THE MINNESOTA COUNCIL OF NONPRO | FITS SALARY & |
| BENEFITS SURVEY FOR NONCOMPARABLE DATA BEFORE DETERMINING | COMPENSATION. THE |
| EXECUTIVE COMMITTEE MAKES COMPENSATION RECOMMENDATIONS TO | THE BOARD DURING |
| THE BUDGETING PROCESS. ALL COMPENSATION IS SHARED WITH THE | BOARD. |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| DEPENDENT ON THE DOCUMENT, THEY ARE AVAILABLE UPON REQUEST | , OR IN ANNUAL |
| REPORT, OR ON WEBSITE | |
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