Change of Accounting Period

| Return of Organization | Exempt From I | ncome Tax |
|------------------------|---------------|-----------|
|------------------------|---------------|-----------|

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

2019

(Rev January 2020)

OMB No 1545-0047

| | | of the Treasury nue Service | ► Go to www.irs.gov/Form990 for instructions and the late | • | NOHC. | Inspection |
|--------------------------------|--------------------|--------------------------------|--|----------------------|-------------------|---------------------------------------|
| A | | | dar year, or tax year beginning | | in 30 | , 20 20 |
| В | | applicable | C Name of organization BES, Inc. | | | er identification number |
| X | Address | | Doing business as | | 35-219 | |
| $\overline{\Box}$ | Name cl | | Number and street (or P O box if mail is not delivered to street address) | Room/suite | | ne number |
| $\overline{\Box}$ | Initial rei | · | 131 Dartmouth Street | Floor 3 | | 227-4545 |
| Π | | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Amende | ed return | Boston, MA 02116 | | G Gross re | ecempts \$1, 724, 280. |
| | Applicat | on pending | F Name and address of principal officer | H(a) is this a gr | | subordinates? Yes X No |
| | | | Assimah Navlakhi, 13. Dartwouth Street, Ploor 3, Boston, MA C | | | included? Yes No |
| ī | Tax-exe | mpt status | ▼ 501(c)(3) | | | (see instructions) |
| J | Website | . ► www.b | es.org | H(c) Group e | | |
| ĸ | | organization: 🛚 | | nation 2003 | M State of | legal domicile MA |
| ďР | art I ^e | Summai | y I | | | |
| | 1 | Briefly desi | cribe the organization's mission or most significant activities $rac{r_0}{2}$ | oster the d | evelopi | ent and ensure |
| 9 | | | cess of charter schools | ******** | | |
| & Governance | | | | | | ~,4***************** |
| Ver | 2 | Check this | box ▶ ☐ if the organization discontinued its operations or dispose | d of more than | 25% of it | s net assets |
| Ĝ | 3 | | voting members of the governing body (Part VI, line 1a) | | 3 | 8 |
| ඡ | 4 | Number of | independent voting members of the governing body (Part VI, line) | b) 🗀 | 4 | <u> </u> |
| ij | 5 | Total numb | per of individuals employed in calendar year 2019 (Part V, line 2a) | | 5 | 34 |
| Activities | 6 | Total numb | per of volunteers (estimate if necessary) | . 0. | 6 | 0 |
| Ă | 7a | | ated business revenue from Part VIII, columh (@ylineAPR .0 5 2 | 021 191 | 7a | 0. |
| | ь | Net unrelat | ed business taxable income from Form 990-T line 39 | <u> [9] .</u> | 7b | 0. |
| | | / | ons and grants (Part VIII, line 1h) | Prior Yea | | Current Year |
| ě | 8 | | 5 | 11,804, | 611. | 1,016,296. |
| Revenue | 9 | - | ervice revenue (Part VIII, line 2g) | 882, | 945. | 672,913. |
| Rev | 10 | | income (Part VIII, column (A), lines 3, 4, and 7d) | 41, | 711. | 35,041. |
| | 11 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| | 12 | | ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,729, | 267. | 1,724,280 |
| ٠. | 13 | | similar amounts paid (Part IX, column (A), lines 1-3) | | | |
| | 14 | | id to or for members (Part IX, column (A), line 4) | | | |
| ès | 15 | | ner compensation, employee benefits (Part IX, column (A), lines 5–10) | 566, | 753. | 3,625,130. |
| penses | 1 | | al fundraising fees (Part IX, column (A), line 11e) | | | |
| ă | | | aising expenses (Part IX, column (D), line 25) | 1732 | | ? * * * * * * * * * * * * * * * * * * |
| _ | | | nses (Part IX, column (A), lines 11a–11d, 11f–24e) | 6,643, | | 3,649,317. |
| | | | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 7,210, | | 7,271,147. |
| _ vi | | Hevenue le | ss expenses. Subtract line 18 from line 12 | 5,519, | | <u>-5,550,162.</u> |
| ance ance | 20 | Total accet | n (Part V. line 16) | Beginning of Curr | | End of Year |
| Net Assets or Fund Balances | 21 | | s (Part X, line 16) | 15,573, | | 10,362,765. |
| E et | 22 | | or fund balances. Subtract line 21 from line 20 | 1,612, | | 1,951,85 |
| | rt II | Signatur | | 13,961, | 077. | 8,410,910. |
| _ | | | I declare that I have examined this return, including accompanying schedules and sta | tomonic and to the | hast of my | Innerthead and behalf the |
| true | correct | , and complete | Declaration of preparer (other than officer) is based on all information of which preparer | irer has any knowled | ige | knowledge and belief, it is |
| | | | 1\0\X_1 | 117 | 10-120 | 20 |
| Sig | ın | Signatu | re oldffioer | | <u>/05/20</u> | 20 |
| He | | 1 (| mah Navlakhi, Chief Executive Officer | Sate | | |
| • | - 🕶 | | print name and title | | | |
| | | 17 | | Date | Ob. 1. 521 | NIF9 h |
| Pai | | laan E | 1 | 12/04/2020 | Check X | " |
| | pare | | | · | | 1-3453038 |
| US | e Only | V | ress > 31 West Siree: Randoinh MN 02368 | | | 11885-3012 |

May the IRS discuss this return with the preparer shown above? (see instructions)

171.

including grants of \$

5,532

(Expenses \$

Total program service expenses ▶

) (Revenue \$

| Part | V Checklist of Required Schedules | | | |
|------|--|-----|-----|-------------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | × | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | <u> </u> |
| 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 | | × |
| 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 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | × |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | × |
| 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 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schodule D. Parts VI, VII, IX, or X as applicable | | | ' ' |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | × | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| 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 | 111 | | _×_ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | × | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>×</u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _ <u>×</u> _ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _^ × |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | × |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | $\frac{}{\times}$ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parts Land II. | 24 | | |

| Part | IV Checklist of Required Schedules (continued) | | | |
|-------|---|---|-----|---------------------------------------|
| | | *************************************** | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 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 | × | ļ |
| 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 | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | 1 | |
| C | 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 | | |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | - | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions). | Ψ [#] (); | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 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 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | × |
| 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 | | × |
| 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 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | × | |
| Part. | V. Statements Regarding Other IRS Filings and Tax Compliance — Check if Schedule O contains a response or note to any line in this Part V | | • | |
| _ | | , | Yes | No |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | *** | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gampling (gampling) winnings to prize winners? | 10 | كنظ | *× |

| Form 9 | 90 (2019) | | | | Page 5 | | | | |
|--------|--|--------------------|-------------|-------------|--|--|--|--|--|
| Pan | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | ***** | | | | |
| | • | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 34 | | | | | | | |
| b | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | • | 3a | MA | X | | | | |
| b | | | | | | | | | |
| 4a | | | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other finan | | 4a | | × | | | | |
| ь | If "Yes," enter the name of the foreign country ▶ | · | 1839 | 648495 A | | | | | |
| | See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial | Accounts (FBAR) | | | orimodajo. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | year? | 5a | | × | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | er transaction? | 5b | | × | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions | | 6a | | × | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such | contributions or | | | | | | | |
| | gifts were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 200 | MOON, | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for goods - | | | | | | | |
| | and services provided to the payor? | | 7a_ | , | × | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property | for which it was | | | | | | | |
| و | required to file Form 8282? | | 7c | 50-52 ME | ************************************** | | | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 1859 | | × | | | | |
| _ | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | | .7g | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | | | A CONTRACT | 400 | | | | |
| Ū | sponsoring organization have excess business holdings at any time during the year? | · · · | 8 | | ×. | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 图 | W. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? . | | 9a | | × | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor. | son? | 9Ь | | × | | | | |
| 10 | Section 501(c)(7) organizations. Enter. | 1 1 | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 53.6 | 7897 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | 11 | | | | | | | |
| a | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 445 | | | | | | | |
| 12a | against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or | 11b | 12a | Selection 1 | W.T. | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | 120 | an Control | ers Dict | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | 77.45.360 | <u> </u> | | | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule | e О | | J. Skille | TOTAL | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | 1000 | | | | | |
| _ | the organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on | Schedule O . | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in | | | | · | | | | |
| | excess-parachute payment(s) during the year? | · · | 15 | 1 | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | 超過 | 1826 | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net inve | stment income? | 16 | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | 70/A | | | | | | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | , and See in | for a | "No" |
|--------------|--|-----------------|----------|---------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | × |
| Sect | ion 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 1a 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or |] , | | ١. ١ |
| | if the governing body delegated broad authority to an executive committee or similar | 1 | · | |
| | committee, explain on Schedule O. | | ١, | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | . - | ` | |
| 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 | .: `` | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 1 |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <u>×</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | _×_ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | _×_ |
| 6 | Did the organization have members or stockholders? | 6 | <u></u> | _×_ |
| 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 | | × |
| 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 | | × |
| 8 | Did the organization contemporaneously document the meetings hold or written actions undertaken during | J | | 1910 1 |
| | the year by the following | ~ | | |
| a | The governing body? | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | <u> </u> |
| 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 | | | |
| Secti | ine digarization's maining address? If Yes, provide the names and addresses on schedule of the internal Rever in B. Policies (This Section B requests information about policies not required by the Internal Rever | 9 | odo l | × |
| 0000 | ion B. Volicies (This Section B requests information about policies not required by the internal Never | ue O | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | .03 | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | · · |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | X | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ~ | × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | - |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| · | describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 15 | Did the process for determining compensation of the following persons include a roviow and approval by | | | 4 4 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 4 |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | 1 |
| b | Other officers or key employees of the organization | 15b | × | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | , |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 1 | | ان. ا |
| | with a taxable entity during the year? | 16a | | × |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | , | | · |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| <u> </u> | organization's exempt status with respect to such arrangements? | 16b | | |
| ************ | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | (Sec | tion 5 | 01(c) |
| | Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | finter | est p | olicy, |
| | | | | |
| 20 | and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and rei | onrde | • | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees | |
|----------|---|-------|
| | Compensation of Officers, Directors, Hustees, Key Employees, Highest Compensated Employees | , ano |
| | Independent Contractors | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest componsated omployees (other than an officer, director, trustoe, or key employee) who received reportable componsation (Box 5 of Form W 2 and/or Box 7 of Form 1009 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization no | r any relate | d org | aniz | | | ompe | nsa | ited any current | officer, director, | or trustee. |
|---|---|--------------|-------|----------------------|------|--|-----|---|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | of or direct | untes | Pos neck ss pe | rson | than oth both Highest compensated employee | าลา | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | 10.00 | | e | | | Ē | | | | |
| (1) Linda Brown | 40.00 | ļ | | | | × | | 104 202 | • | |
| Senior Advisor | ļ | ļ | | ļ | | -^- | - | 184,323. | ٥. | 15,849. |
| (2) Aasımah Navlakhi Chief Exe. Officer | 40.00 | | | × | | | | 204,340. | n. | 14,243. |
| (3) Susan Walsh | 40.00 | | | | | | | | | |
| Chief Academic Officer | | | | | × | | | 308,521. | υ, | 18,146. |
| (4) Paul Adler | 40.00 | | | | | | | | | |
| Director, Follow On Support | | | | | × | | | 206,527. | 0. | 15,562. |
| (5) Jill Dunchik Senior Director, LENS | 40.00 | | | | | × | | 173,778. | 0. | 9,289. |
| (6) Stephanie Patton | 40.00 | | | l | | | | | | |
| Senior Director, BES Fellowship | | | | | × | | | 183,441. | 0. | 13,616. |
| (7) Teresa Neff-Webster Chief Operating Officer | 40.00 | | | | × | | | 200,130. | 0. | 2,750. |
| (8) Luke VanDeWalle | 40.00 | | | | | | | | | |
| Senior Director, Anchoring Excellence | | | | <u> </u> | | × | | 156,193. | 0. | 13,543. |
| (9) Charlotte Jackson Director, Talent | 40.00 | | | | | × | | 155,039. | 0. | 15,001. |
| (10) Nicole Curtis Cox | 40.00 | | | | | | | | | İ |
| Director, Recruitment | | | | | | × | | 143,055. | 0. | 18,684. |
| President-Board of Director | 2.00 | × | | | | | | 0. | 0. | 0. |
| (12) Rebecca Cass Treasurer-Board of Directors | 2.00 | × | | | | | | 0. | 0. | 0. |
| (13) Margaret Lin Clerk-Board of Directors | 2.00 | × | | | | | | 0. | 0. | 0. |
| (14) Ed Chang Vice President-Board of Directors | 2.00 | × | | | | | | 0. | 0. | 0. |

| Part VII. Section A Officers, Directors | , Trusiees, | Key | Em | | | s, ar | 10 r | lignest Compo | nsatea | Emplo | yees (c | ontir | iuec |
|--|------------------------|--------------------------------|--|---------|------------------|------------------------------|----------|---------------------------------------|-------------------------|--|------------------------|-----------------|-------------|
| | | | | | C) sition | | | | 1 | | | | |
| (A) | (B) | (do r | not c | | _ | e than | one | (D) | (E | | _ | (F) | |
| Name and title | Average hours | | x, unless person is both ficer and a director/trust | | | | | Reportable compensation | Reportable compensation | | Estima | ted am other | ount |
| | per week | | ~ | | , | T | , , | from the | from re | elated | | ensati | оп |
| | (list any hours for | Individual trustee or director | institutional trustee | Officer | Key employee | Highest co | Former | organization (W-2/1099-MISC) | organiz (W-2/109 | | fro organi | m the | and |
| | related | ecto | 찬 | E. | ğ | oyer | ē | (44-271099-101130) | (***27108 | 9-1VII.3C) | related o | | |
| | organizations below | 7 2 | nai | | by | l sign | l | | | | | Ū | |
| | dotted line) | stee | Sn | 1 | ď | l Bi | l | | | | | | |
| | | " | 60 | | | Highest compensated employee | | | | | | | |
| (15) Doug Lemov | 2.00 | | | | | - | ┼─ | | | | | | |
| Director-Board of Directors | | × | ŀ | | | | | 0. | | 0. | İ | | 0 |
| (16) Kennoth Campbell | 2.00 | l | | | \vdash | | ├ | | | | - | | |
| Director-Board of Directors | | × | | | | | | 0. | | o. | | | 0 |
| (17) Hraq Hamalian | 2.00 | | | | | | \vdash | <u> </u> | | | | | |
| Director-Board of Directors | | × | | | | | | 0. | | 0. | | | 0 |
| (18) Charles Mitchell | 2.00 | <u> </u> | | - | | | | | | | ļ | | |
| Director-Board of Directors | | × | | | | | | 0. | | 0. | | | 0 |
| (19) | | | i | | | ļ | | | | | | | |
| *************************************** | | | | | | | | | | | | | |
| (20) | | | | | | | | | | ······································ | | | |
| *************************************** | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| (22) | | | | | | | | | | | ····· | | |
| | | | | } | | | | | | , | | | |
| (23) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | | | | | | | | | ···· | | | | |
| 1b Subtotal | | | | | | | ▶ | 1,915,347. | | 0. | 1 | 36,6 | 83 |
| c Total from continuation sheets to Par | • | | • | | • | | • | | | | | | · |
| | · · · · · · | | | | | | | 1,915,347. | | 0. | | 36,6 | 83. |
| 2 Total number of individuals (including b | | to th | ose | list | | | e) wi | ho received more | e than \$1 | 00,000 | of | | |
| reportable compensation from the organ | nization > | | | | 10 | 0 | | | ·-········ | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former | officer, dire | ctor, | trus | stee | , k | ey er | nple | oyee, or highes | t compe | ensated | 1 | | ٠ |
| employee on line 1a? If "Yes," complete | | | | | | | | | | | 3 | | × |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | | Ŧ. |
| organization and related organizations individual | greater tha | an Di | 50,0 | UUU | ? 11 | res | 5, (| complete Sched | lule J fo | ir such | | | |
| | | | · • | | · • · · · · · | • • | • | | | | 4 | × | |
| 5 Did any person listed on line 1a receive for services rendered to the organization | | | | | | | | | on or inc | laubivit | 1 | | ثييتاء |
| Section B. Independent Contractors | 1711 788, 6 | ompi | 910 | SUII | euu | ile J il | Ur Si | ucn person . | <u> </u> | • | 5 | | × |
| Complete this table for your five high | hort compo | neate | | ndo | | dont | | stractors that v | | | | | |
| compensation from the organization. Re | nort compen | eation | tu i Lifor | the | cal | iuerii. endar | COL | niraciors inal n arendina with or | occivea within th | more t | nan tina'n | | 0 0 |
| | port compen | 341101 | 1 101 | | - Can | | ,,,,, | | WILLIIII LII | e organ | | lax y | ear |
| (A) Name and business ac | ldress | | | | | | | (B) Description of serv | ices | | (C) Compensa | tion | |
| | | | ····· | · | | | | | | | ., 530 | | - |
| | | | ************************************** | | | | | | | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| # ** · · · · · · · · · · · · · · · · · · | | | | | | | | | ······· | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contract | ors (includin | a bu | t no | nt li | mite | nd to | thr | nse listed above | a) who | | - | 3 . 1.7 | |
| received more than \$100,000 of compen | | | | | | | .,,, | ooo nataa abave | ,, WIIO | | | د بدن د د | |
| | | | J ~ · · · · | | | | | | | | * 4 2 - * | ' ده | · |

| Pari | VIII | Statement of Revenue Check if Schedule O contains a re | snons | se or note to ar | ov line in this Pa | ort VIII | | |
|--|---------|--|---|---------------------------------------|------------------------|--|--------------------------------------|--|
| | | Shock in Concessio & Contestino a re- | 3000.10 | o or moto to di | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts | 1a | Federated campaigns | 1a] | | | 7/25-17/2 TOTAL | PARTER OF | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| ج ق | С | Fundraising events | . 1c | | | | | |
| ifts r A | d | Related organizations | 1d | | | | | |
| ے اق | е | Government grants (contributions) | | | | | | |
| Sin | f | All other contributions, gifts, grants, | 4 | | | | 442 BA (14) | |
| ie ti | | and similar amounts not included above; | 1f | 1,016,296. | | | | |
| ë ë | g | Noncash contributions included in | | | | | | |
| <u>م</u> م | | lines 1a-1f | 19 3 | \$ | | | | |
| C | _ h | Total. Add lines 1a-1f | <u>: : - </u> | | 1,016,296. | | | 7878 7878 7878 |
| a 5 | | | | , Business Code | | ACTORNACIO | | |
| Program Service Revenue | 2a | Leadership tuition | <u> </u> ' | 611430 | 672,943. | 672,943. | 0. | 0. |
| ien | b | | | | | <u> </u> | | |
| gram Sen Revenue | C | | | | | | | |
| ıraı Rev | d | | | | | | | |
| rog | e | All other program service revenue. | · | | ' | | | |
| Δ. | f g | | - | . | - 672 943 | Programa. | 0414994 XX546155 | er kanalistika (ni |
| | 3 | Investment income (including divide | | | . 0,7,747. | Berit Festival/activities avained, 6 | Talk in halves such at Societal | Non Apparation excited |
| | | other similar amounts) | aci ica, | • 1110700t, uno. | 35,041. | 35,041. | 0. | Ò. |
| | 4 | Income from investment of tax-exem | npt bon | nd proceeds > | | , | | , , |
| 1 | 5 | Royalties | | | | | 1,- | |
| | | (i) Real | ıl | (ii) Personal | 121200000 | | | ************************************** |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less. rental expenses 6b | | | | | | |
| | С | Rental income or (loss) 6c | | | | | | A. A. W. A. |
| , | d | Net rental income or (loss)' | ,, | > | | | - | |
| | 7a | Gross amount from (i) Securit | ties | (ii) Other | | Process | | |
| , | | sales of assets | | | | | | |
| | | other than inventory 7a | · · · · · · · · | | | | | |
| ne ' | b | Less. cost or other basis | | | | | | |
| Revenue | | and sales expenses 7b | | | | | | |
| Re | ς. | Gain or (loss) . 7c | | · · · · · · · · · · · · · · · · · · · | SEALEST OF HERMAN | | | 3769 67 P79691 |
| er | d | Net gain or (loss) | 1 | r | -3-1-00-25-46-7-77-5-5 | ************************************** | | 82459-952-134649742X |
| Other | 8a | Gross income from fundraising events (not including \$ | | • | | | | |
| | | of contributions reported on line | | | | | | |
| , | | 1c). See Part IV, line 18 | 8a | | | | | |
| | ь | Less direct expenses | 8b | | | | | |
| | . с | Net income or (loss) from fundraising | - | its : : ▶. | 1 | S. N. 45761 | Straight Ann 1774 Transport China | 3.121-5407 4653, CC PD4X-1 |
| | 9a | Gross income from gaming | | | 16694E##### | | ANN THE WAY | |
| | | activities. See Part IV, line 19 . | 9a | , | | | | |
| | b | Less. direct expenses | 9b | | | | | |
| | С | Net income or (loss) from gaming ad | ctivities | . > | 1 | | | - |
| ı | 10a | Gross sales of inventory, less | [| | TO THE STATE OF | 5-12-1-12-22 | | |
| | | returns and allowances | 10a | • | | | | |
| | b | Less cost of goods sold | 10b | | | | | |
| | С | Net income or (loss) from sales of in | nventor | у <i>.</i> ▶ | I . | | | |
| r.s | | Green and the second se | i i | =Business-Gode== | WANTED AND STREET | | STATES | |
| e e | 11a | · | | | 1 | | | |
| lan | b | | ., | | 1. | | | <u> </u> |
| scellaneo Revenue | C | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | ٠ . ٢ | <u> </u> | | ON THE PARTY OF TH | 4574,46024776872366 | 2164 (C. 11 (C. 127 (C |
| | е 40 | Total. Add lines 11a-11d | | <u> </u> | 1,724,280. | 707,984. | 200 E 200 E 20 | 0. |
| | 12 | Total revenue. See instructions . | <u>. :</u> | ; 📂 | 12,729,200. | 101,984. | 0. | U . |

Park X Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organizations must complete column (A | () |
|---|---|----|
| | | |

| | Check if Schedule O contains a respons | | | | |
|---------------|---|------------------------------------|--------------------------------|---|----------------------|
| | ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) 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 | | - | | |
| | foreign individuals See Part IV, lines 15 and 16 | • | * | | |
| ·4 5 | Benefits paid to or for members Compensation of current officers, directors, 'trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | • | | | |
| 7 | Other salaries and wages | 3,100,026. | 2,166,888. | 933,138. | υ. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | , | , , | | |
| 9 | Other employee benefits | 302,109. | 202,244. | 99,865. | 0. |
| 10 | Payroll taxes | 222,995. | 152,895. | ⁷ 0,100. | 0. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | i i | | | |
| b | Legal | <u> </u> | | | |
| C | Accounting | | | • | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | DAMEST CONTRACTOR | arterine Large | |
| f | Investment management fees | | OF EPROPERTY DOES COME APPOINT | MENTER CHONOCONTRIBLE PRINCIPLE | <u> </u> |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| ·g | (A) amount, list line 11g expenses on Schedule O) . | | | | |
| 12 | Advertising and promotion | 23,000. | 23,000: | 0 | |
| | | | | 0. | · . 0 |
| 13 | Office expenses | 158,710. | ,32,564. | 126,146. | (1. |
| 14 | Information technology | | | <u> </u> | - |
| 15 | Royalties | | | | |
| 16 | Occupancy | 244,760. | 171,085. | /3,675. | 0. |
| 17 | Travel | 216,728. | 152,264. | 64,464. | , O. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | ** | т | | |
| 19 | Conferences, conventions, and meetings | | | - | |
| 20 | Interest | | | | , a- |
| 21 | Payments to affiliates | , | 1. | * | |
| 22 | Depreciation, depletion, and amortization | 10,109. | ⁷ ,066. | 3,043. | 0. |
| 23 | Insurance | 10,417. | 4,221. | 6,196. | 0. |
| 24 | Other expenses, Itemize expenses not covered | al althoramanna annina ann maanina | | | |
| | above (List miscellaneous expenses on line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Bank service fees | 2,545. | 0. | 2,545. | 0. |
| b | Program expenses | 50,963. | 50,963. | 0. | 10. |
| C | Consultants | 430,671. | 139,467. | 291,204. | j. |
| d | A NAME OF THE PROPERTY OF THE | | | ~ · ~ / ~ · · · · | ·/• |
| e | All*other*expenses | 2,501,414. | 2,430,114. | 71,300. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,274,447. | 5,532,771. | 1, /11, 676. | . 0, |
| 26 | Joint costs. Complete this line only if the | //2/3/33/5 | J, JJZ, 111. | L; ('11; 0/0; | <u>. Y.</u> |
| ;· 2 0 | 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) | | , | | • |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | artX | , | <u> </u> |
|----------------------------|-----|---|----------------------------|---------|-----------------------------|
| · | | · | (A) ` Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 6,937,090. | 1 | 9,470,186. |
| | 2 | Savings and temporary cash investments | 7,329,007. | 2 | E.S. |
| | 3 | Pledges and grants receivable, net | ` | 3 | |
| | 4 | Accounts receivable, net | 1,104,011. | 4 | ⁷ 66,588. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 10,000. | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | | 6 | |
| ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ¥ | 9 | Prepaid expenses and deferred charges | 57,869. | 9 | 3, 750. |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 262, 567. | | | |
| | b | Less: accumulated depreciation 10b 241,076. | 31,600. | 10c | 21,491. |
| , | .11 | Investments—publicly traded securities | | 11 | |
| ₹ | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 1 | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| · | 15 | Other assets. See Part IV, line 11 | 103,825. | 15 | 100,750. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 15,573,402. | 16 | 10,362,765. |
| | 17 | Accounts payable and accrued expenses . | 976,836: | 17 | 871;179. |
| | 18 | Grants payable | 2,297. | 18 | 16,558 |
| | 19 | Deferred revenue | 633,192. | 19 | 555,250. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other 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 | | 22 | |
| <u>ا</u> ت | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | . <u>.</u> |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 508,868. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | , 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,612,325. | 26 | 1,951,855. |
| nces | | Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33. | | | |
| la la | 27 | Net assets without donor restrictions | 7,332,143. | 27 | 6,111,910. |
| | 28 | Net assets with donor restrictions | 6,628,934. | 28 | 2,299,000. |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| So | 29 | Capital stock or trust principal, or current funds | - | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Asi | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 3. 1 |
| et | 32 | Total net assets or fund balances | 13,961,077. | 32 | 8,410,910. |
| Z | 33 | Total liabilities and net assets/fund balances | 15,573,402. | 33 | 10,362,765. |

| Par | t XIII Reconciliation of Net Assets | | | " | | |
|------|--|--------|--|---------------------------------------|------------------------------------|--------------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,7 | 24,2 | 280. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 7,2 | 74,4 | 47. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | _ | 5,5 | 50,1 | 67. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | 3,9 | 61,0 | 77. |
| 5 | Net unrealized gains (losses) on investments | 5 | | · · · · · · · · · · · · · · · · · · · | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 8,4 | 10,9 | 10. |
| ·Par | XII. Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | , | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | 1 | $\langle \vec{r}, \vec{z} \rangle$ | P 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplaır | ıın [| 1.30 | | |
| _ | Schedule O | | | 324 | Link | |
| 2a | The same of the sa | | | 2a | | × |
| | If "Yes," check a hox below to indicate whether the financial statements for the year were con | npilod | or | | تتوث | |
| | reviewed on a separate basis, consolidated basis, or both | | | | | ا م را الرا ورانسور ا |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | j | - | 4 | 20.00 |
| D | Were the organization's financial statements audited by an independent accountant? | • | | 2b | X | ** ** * |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | *** | |
| | separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | Ì | | 1 | 2.7 |
| | | | | r.R.S | - L | De. |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta | | | 2c | × | • |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | - + | 47150 | ૐ ૺૺૺૺૺૺૺૺ | war at |
| | Schedule O | | - 1 | أشت | 77 | 3 7 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in | | | | برجودية |
| | Single Audit Act and OMB Circular A-133? | | . | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | ergo | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | <u>. </u> | 3b | | 1 |
| | REV 10/27/20 PRO | | | Form | 990 | (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

opt charitable trust.

Open to Publication.

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(D)

(E)

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

BES. Inc. 35-2194153 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) ☐ 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗵 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 university An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 b 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) ч 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) (i) Name of supported organization to EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C)

THE REPORT OF THE PROPERTY OF

instructions

| Part | Support Schedule for Organiz | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and 1 | 70(b)(1)(A)(v | ı) |
|-------------|---|--------------------------|---------------------------|----------------------------|---|---------------------------|-------------------------|
| | (Complete only if you checked t | | | | | | alify under |
| | Part III If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | te Part III.) | |
| | on A. Public Support | | | | | | • |
| Calen | idar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 ^ | (f) Total " * |
| 1 | Gifts, grants, contributions, and | 1 | • | | | | |
| | membership fees received (Do not | | | _ | | į i | |
| | include any "unusual grants") | 7,252,012. | 14,165,140 | 9,777,408. | 11,574,611. | 1,016,296. | 43,785,167. |
| 2 | Tax revenues levied for the | | | | ŀ | | |
| | organization's benefit and either paid | | | | | | • |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | 1 | | | İ | | |
| | furnished by a governmental unit to the | r | | | | : | |
| | organization without charge . | | - | | | | |
| 4 | Total. Add lines 1 through 3 | 7,252,012,. | 14, 165, 1407 | 9,777,408. | 11,574,611. | 1,016,296. | 43,785,467. |
| 5 | The portion of total contributions by | | | | HATTE ME | 阿拉斯特 | |
| | each person (other than a | | | 100 | fall of | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | 30 May 4 | | | Harry State | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | 经验证证据 | 22.5 EV 2018 | PAT 6 7 7 7 8 | MACH THE STATE OF | | 32,203,021. |
| | Public support. Subtract line 5 from line 4 | CONTROL SAFE | | National States | 73.40年初440年 | WAR THE STATE | 11,582,146. |
| | on B. Total Support | | r | T | r | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 7,252,012. | 14, 165, 140. | 9,771,408: | 11,574,611. | 1,016,296 | 43,785,467. |
| 8 | Gross income from interest, dividends,, 3 | ; | 1 | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | - | | |
| _ | similar sources | 1 69,965. | 66,852. | 52, 183. | 41,/11. | 35,041. | 265,752. |
| 9 | Net income from unrelated business | | | | | | |
| | 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) | | | | | - | |
| | | 270 Mariana 1942, Lander | A stolinatoliki co. es li | Can of James same conducts | Laborate Committee at Factorial | force discountries for he | , |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | Senta for | | | <u> </u> | | |
| 13 | First five years. If the Form 990 is for the | | | | for fifth tou w | | 1,059,144. |
| 13 | organization, check this box and stop he | | | | - | | |
| Socti | on C. Computation of Public Suppor | | | | | · · · · | . , 🕨 📋 |
| 14 | Public support percentage for 2019 (line | | | 1 column (fl) | | 14 | 26.29% |
| 15 | Public support percentage from 2018 Sch | | - | i, column (ij) | , , ; | 15 | 23.99 %. |
| 16a | 331/3% support test—2019. If the organ | | | con line 13 ar | nd line 14 is 33 | | |
| .00 | box and stop here. The organization qua | | | | 10 1110 114 13 00 | 7370 01 111010, | ▶ □ |
| b | 331/3% support test—2018. If the organi | | | _ | ia and line 15 | is 331/2% or m | _ |
| _ | this box and stop here. The organization | | | | • | 15 00 7570 07 17 | ► □ |
| 170 | | | • • • | _ | | en or 16h no | |
| 17a | 10%-facts-and-circumstances test – 20 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the " | | | | | | |
| | organization | | | organi. | quaiiilee | . Lo a poonory | D ⊠ |
| L | | 040 lé tha airei | novantina akala | at aback a ! | v on line 40 4 | Co 166 17 | |
| b | 10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization r | | | | | | |
| Ministratio | *supported organization . | | | | Organizati | on quannes as | · a publicly · ▶ [i] |
| 18 | Private foundation. If the organization di | d not check a l | box on line 13. | , 16a, 16b. 17a | , or 17b, check | k this box and | |

| Part | | | | | | | |
|------------|--|-----------------------|---------------------------------------|---------------------------------------|------------------|---------------------------------------|-------------------|
| | (Complete only if you checked t | he box on line | e 10 of Part I | or if the orga | ınızatıon failed | d to qualify u | nder Part Jr. |
| ~ | If the organization fails to qualify | y under the te | sts listed bel | ow, please c | omplete Part | II.) | |
| | tion A. Public Support | T (-) 0045 | 1 4 > 204.5 | | 1 4 1 2 2 4 2 | | |
| Calei 1 | ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| • | 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 | | | | | | 1 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | <u></u> | | | 4 | | |
| b | | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | / | | | |
| 8 | Public support. (Subtract line 7c from | State transfer | स विस्तर रहा । | 1000 | 2533535 | 45 55 N N 1 | |
| | line 6). | 医科勒 | 10 700 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · . |
| | ion B. Total Support | | | | | | J |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (i) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources |] | | | | | 1 |
| ь | | / | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly carried on / | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | - |
| | (Explain in Part VI) | | | | | | } |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for the | ll ne organization | 's first_secon | d. third. fourth | or lifth tax ve | ear as a section | 1 on 501(c)(3) |
| | organization, check this box and stop he | | | | , | | |
| Secti | on C. Computation of Public Suppor | rt Percentage | 8 | | | - | |
| 15 | Public support percentage for 2019 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2018 Sch | | | · · · · · · · · · · · · · · · · · · · | | 16 | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2019 (| | | y line 13, colu | mn (f)) | 17 | <u>%</u> |
| 18 | investment income percentage from 2018 | | | | ad line 45 | 18 | <u>%</u> |
| 19a | 331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box | | | | | | • |
| h | 331/3% support tests—2018. If the organiz | | | | | - | |
| | line 18 is not more than 331/3%, check this l | | | | | | |

Part IV

Supporting Organizations

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

| Section A. All Supporting Organizations | Sŧ | C | tion | A. All | Supportin | ng Orga | nizations |
|---|----|---|------|--------|-----------|---------|-----------|
|---|----|---|------|--------|-----------|---------|-----------|

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

10a

10b

4943(f) (regarding cortain Type II supporting organizations, and all Type III non functionally integrated)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

| Part | Supporting Organizations (continued) | | | |
|--------------|--|---|---|-------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | • • | ** * , | , s' "" |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | , | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | , | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | [, ·] | , , | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 1 1 | , , | ۱۰ ^۰ . |
| | 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, | , | 1 1 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | | | |
| | organizations and what contained or restrictions, if any, applied to spen powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | , 15° | | ٠, |
| | 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 | <u></u> | |
| <u>Secti</u> | on C. Type II Supporting Organizations | | | , |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1. | | ١. |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | PARAMITANCE | 10 100-1-1-1 | 7 U |
| | · · · · · · · · · · · · · · · · · · · | 1 | l | <u> </u> |
| Secti | on D. All Type III Supporting Organizations | | r | |
| | Dilling and the second of the control of the control of the second of th | لسب | 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 | 3 | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | . * | . ' |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | - <u>-</u> - | | |
| 2 | | 1 | 4 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | , |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | inter (| نسندا |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | - | * | , |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | 7.0 | - 1 |
| | 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 | | -4 |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | instru | ctions | s) |
| a | The organization satisfied the Activities Test. Complete line 2 below | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ٠, |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in: | struct | ions). |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | |
| 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, | 1 . 1 | . * | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | , , | ١ |
| | that these activities constituted substantially all of its activities | 2a | 4,2 | New |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 1 mm 31 % | ~ 1 , Z. 5 | ,*/ n |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | "- | دو | , |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 8 | | () |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | 1.7 | , , <u>, , , , , , , , , , , , , , , , , </u> | 1. |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | ļ, . | , ° | ľ . i |
| • | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | بالإس بالموسو |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ***** | م ماکشانه | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | wordship & | Paret Col |
| | The state of the s | ليتتب | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | | | |
|---|-------|---------------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g tru | ist on Nov 20, 1970 (explai | n in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organ | ııza | tions must complete Section | ns A through E |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | ę |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | • | |
| factors (explain in detail in Part VI): | L ' | · · · · · · · · · · · · · · · · · · · | ر دور از کار |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | - | |
| see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | y int | egrated Type III supporting | organization (see |
| instructions) | | · · · · · · · · · · · · · · · · · · · | |

Schedule A (Form 980 or 990-EZ) 2019

| L CIA | Type-III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | izations (continued) | |
|-------|--|--|--|--|
| Sect | ion D—Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exémpt purposes | | · |
| . 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | orted | i. |
| | organizations, in excess of income from activity | <u> </u> | | |
| 3 | Administrative expenses paid to accomplish exempt purp | poses of supported orga | nizations | |
| - ,4 | Amounts paid to acquire exempt-use assets | | · · · · · · · · · · · · · · · · · · · | - |
| 5 | Qualified sét-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions. | | | |
| `7 | Total annual distributions. Add lines 1 through 6 | | ···· | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | th the organization is re- | sponsive | |
| 9 | Distributable amount for 2019 from Section C, line 6 | 2 2 2 2 2 4 4 4 4 4 | | |
| 10. | Line 8 amount divided by line 9 amount | | | |
| | • | (i) | (ii) | (tii) |
| Sect | ion E—Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | **** | _ |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2019 | -2016-0015-0012-0016-0016-0016-0016-0016-0016-0016 | | 240467-1-021775200 |
| a | From 2014 | 以中央设立公司 | PRODUCTION OF THE STATE OF THE | -1/44/30 (TAX + 19) |
| b | From 2015 | CONTRACTOR OF THE | PERSONAL PROPERTY. | |
| Ċ | From 2016 | | | |
| d | From 2017 : | 76.745(1): 33-216-75-62 | NEW AND PARTIES. | 3-1748-1-669-1-745 |
| é | From 2018 | | MINISTER STREET | 6.5782.613.613.614.614.614.614.614.614.614.614.614.614 |
| f | Total of lines 3a through e | | | |
| g. | Applied to underdistributions of prior years | | 1 | STATE OF THE STATE |
| h | Applied to 2019 distributable amount | ************************************** | | |
| j | Carryover from 2014 not applied (see instructions) | | 12-045 AUX75-9186-91 | er Gerstall vertiere |
| ·i | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | TAPETA PRODUCTIONS |
| 4 | Distributions for 2019 from | MANUS TERMINE | SECRETARIA DE LA CONTRACTORIO | CERTAINANT |
| | Section D, line 7 \$ | | | |
| a | Applied to underdistributions of prior years | | | CONTRACTOR OF THE |
| . b | Applied to 2019 distributable amount | | MARKAGA NEL FORM | |
| , С | Remainder Subtract lines 4a and 4b from 4 | | PATRICULAR TO A STATE OF THE ST | 507 A SECTION 15 10 40 |
| 5 | Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | #200/WY-2008-PT- | VANDATA ATOLOGO PA | \$74@47#25@1500 |
| à | Excess from 2015 | | 9470704565994417046 | 7277 2 872874586 |
| ь | Excess from 2016 | PENSON REPORT NAMES | \$#44.699988################################# | |
| C | Excess from 2017 | AN EXPRESSION NEWS | Ministration and the Commercial C | 4557244237653458 |
| d | Excess from 2018 | \$7000 10.55 (\$60000) | THE SHOW THE | POWER WAR ALL STATES AND A STATE OF THE STATE OF THE STATES AS A STATE OF THE STATE OF THE STATES AS A STATE OF THE STATE |
| е | Excess from 2019 | 394 AN AN AND AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND AN AND A | WWW. TO THE TANK | |
| | | | | |

| Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|--|
| Pt TT Ln 17a: Public support for BES is well in excess of 10%, and BES has a |
| diverse set of donors in multiple regions throughout the country. BES also receives |
| a significant portion of its operating funds from other 501c3 public charities |
| to support its work. Additionally, BES has a well-qualified Board of Directors |
| that is representative of the broad interests of the public and includes subject |
| matter experts in education. All the programs that BES implements to improve |
| public education are for the direct benefit of the general public. |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2019 Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspecti

BES, Inc. 35-2194153 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b . . . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation casements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items

| | _ | · | 000 | 2010 | |
|----------|---|-------|------|------|--|
| Schedule | u | IFO/M | 9901 | 2019 | |

Page 2

| Par | III Organizations Maintaining | Collections of | Art, His | torical | Treasures, | or Ot | her Similar As | sets (con | tinued) |
|--------|---|----------------------------|----------------|--|--------------------------|-----------|--------------------------|---------------------------------------|-----------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | accession, and of | ther reco | rds, chec | old any of the | follow | ring that make s | ignificant ι | se of its |
| а | ☐ Public exhibition | | d | Loan | or exchange | progr | am | | |
| b | Scholarly research | | е | ☐ Othe | r | | | | |
| C | ☐ Preservation for future generations | 3 | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and expl | ain how t | they further | the org | anızation's oxon | npt purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | □No |
| Par | IV Escrow and Custodial Arra | | | · | | | | | |
| | Complete if the organization 990, Part X, line 21 | answered "Yes | | | | | | | orm |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | or contributi | | other assets no | _ | □ No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | ete the f | ollowing t | able: | | | mount | |
| С | Beginning balance | | | | | 1c | - | | |
| d | Additions during the year | | | | | 1d | - | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amou | | | | | | _ } | 2 Yes | □ No |
| | If "Yes," explain the arrangement in P | | | | | | • | | |
| | t V Endowment Funds. | | <u> </u> | Aprox. a | | | | · · · · · · · · · · · · · · · · · · · | |
| | Complete if the organization | answered "Yes | " on Fo | m 990. | Part IV. line | 10. | | | |
| | | (a) Current year | | or year | (c) Two years | | (d) Three years back | (e) Four ye | ars back |
| 1a | Beginning of year balance | (-,,,,,,,,,, | (-, | 7 | (0, 110, 101 | - | (2) 111100) 0210 22011 | (0) : 00: 70 | a.o odo. |
| b | Contributions | | | | | | | - | |
| c | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | <u> </u> | | | 1 | |
| e | Other expenditures for facilities and | | | | | | | · | |
| | programs | | | | | | | ļ | ····· |
| f | Administrative expenses | | | ······································ | 1 | | | - | |
| g | End of year balance | ha a was at was a sa | d balan | | | | | <u> </u> | |
| 2 | Provide the estimated percentage of t | | | e (iine i ç | , column (a) | neia a | ıs. | | |
| a | Board designated or quasi-endowmen | 0/ | ₋ % | | | | | | |
| b | Permanent endowment | | | | | | | | |
| С | Term endowment ▶ % | | 000/ | | | | | | |
| За | The percentages on lines 2a, 2b, and Are there endowment funds not in the | | | zation th | at are held a | ınd adr | ministered for the | | |
| | organization by | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | | | | • | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related o | - | • | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses | | on's end | owment f | unds. | | studente num, e | | |
| Part | | | | _ | | | | _ | |
| | Complete if the organization | answered "Yes" | " on For | m 990, l | Part IV, line | 11a. § | See Form 990, | Part X, lın | e 10. |
| | Description of property | (a) Cost or ot (investm | | , , , | or other basis other) | | ccumulated preciation | (d) Book v | alue |
| 1a | Land | , | 0. | | | | | | 0. |
| ь | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | 21,21/. | | 21,21/. | | С. |
| đ | Equipment | | | 2 | 22,625. | | 201,134. | 21 | ,491. |
| е | Other | | | <u> </u> | 18,725. | | 18,725. | | 0. |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 9 | 90, Part | X, column | (B), line 10d | ;.) . | . • | 21 | ,491. |

| Part VII | Complete if the organization answered "Yes" on Fore | | | |
|---|---|---|-----------------|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Me | ethod of valuation d-of-year market value |
| 1) Financial | derivatives | | | |
| - | eld equity interests | | | · · · · · · · · · · · · · · · · · · · |
|) Other | · • | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | <u></u> | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 12.) . 🕨 | | · | <u> </u> |
| art VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line | e 11c. See Forn | n 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | | ethod of valuation d-of-year market value |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | *************************************** | | |
| 6) | | | , | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| (8) | | | | |
| (8) (9) | mp (b) must equal Form 990 Part V col (P) line 131 | | | |
| (8) (9) otal. <i>(Colui</i> | nn (b) must equal Form 990, Part X, col (B) line 13.) . ► | | | |
| (8) (9) otal. <i>(Colui</i> | Other Assets. | n 990 Part IV line | e 11d. See Forn | n 990 Part Y line 15 |
| (8) (9) otal. <i>(Colui</i> | Other Assets. Complete if the organization answered "Yes" on Form | n 990, Part IV, line | e 11d. See Form | · _Y |
| 8) 9) otal. <i>(Colui</i> Part IX | Other Assets. Complete if the organization answered "Yes" on Form (a) Description | n 990, Part IV, line | e 11d. See Form | (b) Book value |
| 8) 9) otal. (Colur Part IX | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Forn | (b) Book value 100, 750 |
| 8) 9) otal. (Colum Part IX 1) Deposi 2) Loan F | Other Assets. Complete if the organization answered "Yes" on Form (a) Description | n 990, Part IV, line | e 11d. See Form | (b) Book value 100, 750 |
| 8) 9) otal. (Columnation Part IX 1) Deposite 2) Lean F | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 100, 750 |
| (8) (9) otal. (Colum Part IX (1) Deposit (2) Lean F (3) (4) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 1.00, 750 |
| (1) Deposical Lean F (3) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 1.00, 750 |
| 8) 9) otal. (Columnat IX 1) Doposi 2) Loan F 3) 4) 5) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Forn | (b) Book value 1.00, 750 |
| (8) 9) otal. (Column Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 1.00, 750 |
| 8) 9) otal. (Column Part IX 1) Deposite 2) Lean F 3) 4) 5) 6) 7) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 100, 750 |
| (8) (9) Otal. (Column Part IX (1) Deposition F (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description ts | n 990, Part IV, line | e 11d. See Form | (b) Book value 100, 750 |
| (1) Deposition (2) Lean (5) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description Its Receivable mn (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. | | | (b) Book value 100, 750 0 |
| 8) 9) otal. (Colum Part IX 1) Doposi 2) Loan F 3) 4) 55) 6) 77) 8) 9) otal. (Colum | Other Assets. Complete if the organization answered "Yes" on Form (a) Description Its Receivable | | | (b) Book value 100,750 0 |
| (8) 9) otal. (Column Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) 7) 8) 9) otal. (Column R | Other Assets. Complete if the organization answered "Yes" on Form (a) Description Its Receivable mn (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. | | | (b) Book value 100,750 0 |
| 8) 9) otal. (Colum Part IX 1) Deposit 2) Lean F 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form | | | (b) Book value 100,750 0 |
| (8) 9) otal. (Column Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) 7) 8) 9) otal. (Column R | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 0 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Column Part IX 1) Doposition F 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 0 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Colum Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Colum Part IX 1) Doposi 2) Loan F 3) 4) 55) 6) 77) 8) 9) otal. (Colum Part X 1) Federal in 2) 3) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Colum Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Colum Part IX 1) Deposition 2) Lean F 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X 1) Federal in 2) 3) 4) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 |
| 8) 9) potal. (Colum Part IX 1) Deposition F 3) 4) 55 66) 77) 89 9) potal. (Colum Part X 1) Federal in 2) 3) 4) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 |
| 8) 9) potal. (Colum Part IX 1) Doposa 2) Loan F 3) 4) 5) 6) 7) 8) 9) potal. (Colum Part X 1) Federal in 2) 3) 4) 55 | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 200, 750 e Form 990, Part X, |
| 8) 9) otal. (Colum Part IX 1) Doposi 2) Loan F 3) 4) 5) 6) 77) 8) 9) otal. (Colum Part X 1) Federal in 2) 3) 4) 5) 6) 77) 8) 9) | Other Assets. Complete if the organization answered "Yes" on Form (a) Description It is Receivable In (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | | | (b) Book value 100, 750 0 200, 750 e Form 990, Part X, |

| Par | XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | |
|---------------------------------------|---|--|---|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,724,280. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 7. | |
| а | Net unrealized gains (losses) on investments | , | |
| b | Donated services and use of facilities | ` | |
| c | Recoveries of prior year grants | • • | |
| d | Other (Describe in Part XIII) | ٠, ا | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,724,280. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | ; | 27.2.17.00. |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 1.7. | |
| ь | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,724,280. |
| Part | | | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 7,274,447. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ٠, | |
| а | Donated services and use of facilities 2a | , 5, 6 | |
| b | Prior year adjustments | . · · | |
| C | Other losses | 30 THE | |
| d | Other (Describe in Part XIII.) | ` | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 7,274,447. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | , ;] | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | " | |
| С | Add lines 4a and 4b | 4c | _ |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 7,274,447. |
| Part | XIII Supplemental Information. | | |
| 2; Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf | Part V, | line 4, Part X, line |
| en el co feno de la com | | ***** | *************************************** |
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Inspection

BES; Inc.

Employer identification number.

| BES, | Tnc. 35 2194153 | | | |
|------|--|---------|--|-----------|
| Part | Questions Regarding Compensation | | | |
| | | | Yes | No |
| 1a, | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use | - | | |
| | ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | | | |
| | ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | | |
| _ | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | , | |
| | | 2 | VION 2 | žinežiji |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | 100 | 1143 |
| | ☐ Compensation committee ☐ Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 . | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | × |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | _4b | Ξ. | .×., |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | 1 | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. | | | |
| а | The organization? | 5a | 47.8.001.0 | X, |
| b | Any related organization? | 5b | | × |
| | If "Yes" on line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| a | The organization? | 6a | | × |
| Ь | Any related organization? | 6b | JUT | × |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | | | × |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | 7 | ļ | |
| - | to the initial contract exception described Regulations section = 53:4958-4(a)(3)?=If="Yes;" = described regulations = 10 and 10 | - | ************************************* | ****** |
| | ın Part III | 8 | . , | × |
| | | TATE OF | 1999 | 14 (B 7 H |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

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

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

. o (F) Compensation in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2019 0 00 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 218,582. 200,142. 326,667. 222,089. 183,067. 197,056. 170,040. 202,880. 169,736. (E) Total of columns (B)(I)–(D) 161,739 15,562. 14,392. 10,319. 8,112. 8,112. 10,35C. 9,746. 9,289. 00 8,857. (D) Nontaxable benefits 5,503. 4,292.1 00. 2,750. 4,686. 00 5,500. 6,130. 8,400. 4,651. (C) Retirement and other deferred compensation 00 00 00 55,373. C. 0.0 000 00 00 00 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 7,943.1 44,900. 0.00 ပ်ဝ 00 Ċ. 00 44,000. 3,900. (ii) Bonus & incentive compensation REV 10/27/20 PRO 183,441. 99,055. 184,323. 204,340. 169,878 144,757. 156, 193. 111,039. 198,584, Ö 308, 521 (i) Base compensation EE ΞΞ Ξ EÊ 888 EEEE E E EEEE € € € € EE EEEE LENS 3 Chief Academic Officer 6 Serior Jurector, 325 Felicasite Chief Operating Officer 10 Director, Recruitment 4 Director, Follow On Support Teresa Neff-Webster Serior Pirector, Americang Erceil Officer Nicole Curtis Cox Charlotte Jackson Stephanie Patron Aasiman Navlakk: _a_en_ 5 Senior Director, Inche VanDeWalle A) Name and Title Serior Advisor Jil Dunchik Susan Walsh Linda Brown Exe. Paul Adler 9 Director, 2 Chief 2 5 4 15 9 11

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SCHEDULE 0 (Farm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

| | III Specifor |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| BES, inc. | .35-2194153 |
| Pt VI, Line 11b: Board members meet to review Form 990 be | fore it is filed. |
| Pt VI, Line 15a: Selection committee is created to hire ke | ey personnel. |
| Pt VI, Line 15b: Selection committee is created to hire k | ey personnel. |
| • | |