

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

		2020 colondor v		/WW.IFS.gov/Foriii99010						- 20 20 21			
			ear, or tax year begin	_	07-		ınd endin			6-30 ,2021			
		applicable:		glish Skills Lea	arning Cen	ter			D Emp	loyer identification number			
=	Address	•	Doing business as							87-0467902			
=	Name ch	•	,	O. box if mail is not delivered to	street address)		Room/suite	· · ·					
=	Initial ret	urn	650 East 4500	South			2	20 (801)328-5608					
Ц	Final retu	urn/terminated		rince, country, and ZIP or foreign	n postal code				G Gros	ss receipts			
Ц.	Amende	d return	Salt Lake City	, UT 84107					\$	971,365			
□ .	Applicati	on pending	F Name and address of prin	ncipal officer:				H(a) Is this a g	a) Is this a group return for subordinates? Yes X No				
								H(b) Are all s	subordina	tes included? Yes No			
<u> </u>	Tax-exer	mpt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 494	17(a)(1) or	527		If "No,"	attach a li	st. See instructions			
J	Website		slcenter.org					H(c) Group e	exemption	number			
		organization: X Corp	poration Trust Ass	ociation Other >		L Year of formati	ion: 1988	B M S	State of le	gal domicile: UT			
Pa	rt I	Summary											
	1		-	on or most significant ac						eers who teach			
Φ		English as	a second langu	age to adult im	migrants &	refugees	in Sa	lt Lake	e Cou	nty.			
Governance		-											
r r													
ŏ	2			discontinued its operation					1	1			
ტ ფ	3		-	rning body (Part VI, line						12			
es	4		_	s of the governing body						12			
Ϋ́Ε	5			calendar year 2020 (Pa)	5	32			
Activities &	6		,	necessary)			\cdots		6	25			
	7a			Part VIII, column (C), line					7a	0_			
	b	Net unrelated bu	ısiness taxable income	from Form 990-T, Part I	, line 11				7b	0			
								Prior Year		Current Year			
	8			1h)				971	,227	954,965			
Jue	9			e 2g)				19	,934	16,400			
Revenue	10			a), lines 3, 4, and 7d) .						0			
8	11			es 5, 6d, 8c, 9c, 10c, and						0			
	12			must equal Part VIII, colu				991	,161	971,365			
	13			X, column (A), lines 1-3)			•			0			
	14	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0			
s	15								,704	699,406			
Expenses				column (A), line 11e) .						0			
be	b		expenses (Part IX, col			5,928	-						
ш	17	- 1	(Part IX, column (A), lir				•		,817	167,141			
	18	•		equal Part IX, column (A			٠ 🛌		,521	866,547			
	19	Revenue less ex	penses. Subtract line	18 from line 12					,640	104,818			
ō	§	T-1-1 (D-	at V. Para (O)					ning of Curre		End of Year			
ssets	20	,					•		,745	213,130			
Net Assets or	21	Total liabilities (F	,				•		,321	7,888			
	₹ 22 rt	Signature		line 21 from line 20			•	100	,424	205,242			
				n, including accompanying sche	edules and statemen	ts and to the hest	of my knowl	edge and heli	ief it is				
				cer) is based on all information				ougo and bon					
		Notic F	Oonoviel							10-15-2021			
Sig	n	Signature of co							l Da				
Hei				tivo Dirogtor									
116	•	Type or print	Donoviel, Execu	CIAS DILECTOL									
		Print/Type prepare		Preparer's signature		Date		Check	if	PTIN			
Pai	d						21		_				
	u pare	Stacey Por		r & Company, LL	٦	10-11-20		self-emp m's EIN ▶	Jioyea	P00655363			
	onl			r & Company, LLC h Marketplace 1		n 2		one no.					
Jat	, Jiii	J I IIII S audiess		n marketplace i lle UT 84014	or surce 2	V.4	Pn	one no.	Q N 1	299-1302			
May	the IR	S discuss this retu		own above? (see instruc	tions)					X Yes No			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		Λ
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	3	115		
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		Х
ıza	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	The state of the s			

Form 990 (2020) English Skills Learning Center
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		77
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		X
30		20		
Par	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Par	Object 16 Octobrilla Consistation and account to the second title Dept 17			
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·		1c	х	
	reportable gaming (gambling) winnings to prize winners?		Λ	<u> </u>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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 \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b ∣1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI G

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 35		I
17	List the states with which a copy of this Form 990 is required to be filed Utah			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
15				
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 records			
20	otato trio namo, audress, and teleprione number of the person who possesses the digalizations books and recolds			

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

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

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

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

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mpensat	ed a	ny curr	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)				han one s both an r/trustee)	Former	(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
(1) Katie Donoviel	40.00			-			(0, (0,		
Ex Officio	0.00	X		Х			68,667	0	0
(2) Roberto Martinez Member	2.00	x					0	0	0
(3) Maria Windham	2.00								
Member		х					0	0	0
(4) Mamta Singh Member	2.00	x					0	0	0
(5) Thy Vu	2.00								
Member		Х					0	0	0
(6) Jessica Ramirez Member	2.00	х					0	0	0
(7) Jacob Newman	2.00								
Member		х					0	0	0
(8) Cyndy Miller	2.00								
Member		х					0	0	0
(9) Tanya Lelanuja	2.00								
Board Chair		х					0	0	0
(10)Jill Bennett	2.00								
Board Secretary		х					0	0	0
(11)Damir Sabanovic	2.00								
Board Treasurer		х					0	0	0
(12)Jeremy Franklin	2.00								
Board Vice-Chair		х					0	0	0
(13)									
<u>(14)</u>									

EEA Form **990** (2020)

Part VII

	(A) Name and title	(B) Average hours per week	box,	unles	Po eck m	rson is	han one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated of oti compeni	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	- 1	rganizat	the tion and anizations
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)								1					
(21)													
(22)													
(23)													
(24)													
(25)				5									
1b	Subtotal						• • •	· •					
C	Total (add lines 4b and 4c)							٠ •	60.668				•
d 2	Total (add lines 1b and 1c)	ted to those I	7						68,667 ore than \$100,000	of ()		0
	reportable compensation from the organization												0
_	21.1											Ye	s No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-				. 3		x
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edul	le J for such				
	individual										. 4		х
5	Did any person listed on line 1a receive or accrue			-			-				_		
Section	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scried	uie c) 101	Suc	n pers	OH		<u> </u>	. 5		Х
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	s tha	t receiv	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp										r.		
	(A)								(B)		(C)	
-	Name and business addres	SS							Description of service	es	Comp	ensation	1
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted a	above)) wh	0				

Form 990 (2020) English Sk
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					Sections 312-314
	b.u	Membership dues	1b					
nts nts	C	Fundraising events	1c					
Gra Tou	d	Related organizations	1d					
fts, · An	e	Government grants (contributions)	1e	370,833				
פַ פַּ	f	All other contributions, gifts, grants,		370,033				
Sin		and similar amounts not included above	1f	584,132				
buti her	q	Noncash contributions included in	••	3017132				
Contributions, Gifts, Grants and Other Similar Amounts	9	lines 1a-1f	1g	\$				
ತೆ ಜ	h	Total. Add lines 1a-1f			954,965			
		Totali / Ida iii ioo Ta Ti	• •	Business Code	331,303			
	2a	Program Services		611710	16,400	16,400		
<u>8</u>	b	110gram BOIV100B	_	011710	20,100	20,100		
erv	C		_					
n Se	d					_		
gra Re	е		_					
Program Service Revenue	f	All other program service revenue						
_		Total. Add lines 2a-2f			16,400			
	3	Investment income (including dividends, intere						
		other similar amounts)						
	4	Income from investment of tax-exempt bond p	oroce	eeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
venue	l .	Gain or (loss) 7c						
Re	1	Net gain or (loss)		, ▶				
Other Re	8a	Gross income from fundraising						
ŏ		events (not including \$						
		of contributions reported on line						
	١.	1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
	1	Net income or (loss) from fundraising events	•	<u></u>				
	9a	Gross income from gaming	0-					
	<u> </u>	activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
		, , ,	· ·	<u>*</u>				
	10a	Gross sales of inventory, less returns and allowances	10a					
	h	Less: cost of goods sold	10a					
	1	Net income or (loss) from sales of inventory						
	Ť		• •	Business Code				
S	11a							
Miscellanous Revenue	b							
lla Ven	C					1		
isce Re		All other revenue			<u> </u>			
Σ		Total. Add lines 11a-11d						
		Total revenue. See instructions			971,365	16,400	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 599,211 650,839 47,239 4,389 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 994 994 10 42,581 47,573 3,731 1,261 11 Fees for services (nonemployees): b Legal...... 3,575 3,575 d Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 39,670 39,670 12 Advertising and promotion Office expenses 13 15,839 13,130 2,650 59 Information technology 14 20,886 17,898 2,983 5 15 Royalties 16 71,829 201 59,690 11,938 17 776 776 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,865 1,516 336 13 20 437 437 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 5,850 5,850 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Education Materials 6,414 6,414 b C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 866,547 781,880 78,739 5,928 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X \dots	<u> </u>		<u> </u>					
			(A)		(B)					
			Beginning of year		End of year					
	1	Cash - non-interest-bearing	15,565	1	137,240					
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net		4	69,088					
	5	Loans and other receivables from any current or former officer, director,								
		trustee, key employee, creator or founder, substantial contributor, or 35%								
		controlled entity or family member of any of these persons		5						
	6	Loans and other receivables from other disqualified persons (as defined								
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6						
	7	Notes and loans receivable, net		7						
əts	8	Inventories for sale or use		8						
Assets	9	Prepaid expenses and deferred charges		9	6,452					
٩	10a	Land, buildings, and equipment: cost or other	0,432		0,432					
	100	basis. Complete Part VI of Schedule D 10a 70,8	00							
	b	Less: accumulated depreciation 10b 70,8		10c						
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, line 11		12						
	13	· · · · · · · · · · · · · · · · · · ·		13						
		Investments - program-related. See Part IV, line 11		14						
	14	Intangible assets		_	350					
	15	Other assets. See Part IV, line 11		15	350					
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	213,130					
	17	Accounts payable and accrued expenses		17	7,888					
	18	Grants payable		18						
	19	Deferred revenue	19							
	20	Tax-exempt bond liabilities	20							
	21		scrow or custodial account liability. Complete Part IV of Schedule D							
es	22	Loans and other payables to any current or former officer, director,								
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%								
Liak		controlled entity or family member of any of these persons		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable to unrelated third parties	• •	24						
	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	32,321	26	7,888					
		Organizations that follow FASB ASC 958, check here ▶ 🗓								
S		and complete lines 27, 28, 32, and 33.								
ü	27	Net assets without donor restrictions	100,424	27	205,242					
ala	28	Net assets with donor restrictions		28						
B		Organizations that do not follow FASB ASC 958, check here								
Ξ		and complete lines 29 through 33.								
ō	29	Capital stock or trust principal, or current funds		29						
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31						
et/	32	Total net assets or fund balances		32	205,242					
	33	Total liabilities and net assets/fund balances	132,745	33	213,130					

	27 English Skills Beathing Center	-0-10/30		1 0	ige 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		971,	365
2	Total expenses (must equal Part IX, column (A), line 25)	2		866,	547
3	Revenue less expenses. Subtract line 2 from line 1	3		104,	818
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		100,	424
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		205,	242
Pai	rt 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	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Consolid				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Eng	lis	h Skills Learning Center					87-0467902	2				
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.				
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in secti	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)						
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	governmen	tal unit described in					
		section 170(b)(1)(A)(iv). (Complete	Part II.)									
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).						
7	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.)											
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	je				
		or university or a non-land-grant colle university:	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or					
10	П	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ership fees, and gross					
		receipts from activities related to its e	. ,									
		support from gross investment income	•									
		acquired by the organization after Ju										
11		An organization organized and opera										
12	\Box	An organization organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;				
		of one or more publicly supported or	ganizations describ	ped in section 509(a)(1)	or section	n 509(a)(2)	See section 509(a)(3	3).				
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.				
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by givin	ng				
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the c	directors or	trustees of the					
		supporting organization. You mu	st complete Part	IV, Sections A and B.								
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection wi	th its supp	orted orga	nization(s), by having					
		control or management of the sup	porting organization	on vested in the same per	rsons that o	control or r	nanage the supported					
		organization(s). You must comp	lete Part IV, Sect	ions A and C.								
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in cor	nection w	ith, and fu	nctionally integrated wi	th,				
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	is A, D, an	nd E.					
	d	☐ Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	ion with its	supported organization	n(s)				
		that is not functionally integrated.	The organization g	enerally must satisfy a di	istribution i	requiremer	nt and an attentiveness					
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.						
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III					
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.							
	f	Enter the number of supported organ	zations									
	g	Provide the following information about	ut the supported or	ganization(s).	I							
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	other support (see instructions)				
						1						
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tata												

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	746,404	668,383	720,622	991,161	971,365	4,097,935
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	746,404	668,383	720,622	991,161	971,365	4,097,935
	The portion of total contributions by	_		_	-		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,083,789
6	Public support. Subtract line 5 from line 4						3,014,146
	tion B. Total Support	<u>'</u>				<u>'</u>	
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	746,404	668,383	720,622	991,161	971,365	4,097,935
8	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties, and income from		1				
	similar sources						
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.)	12,658	5,775				18,433
11	Total support. Add lines 7 through 10		Ť				4,116,368
12	Gross receipts from related activities, etc. (s	ee instructions)			[12	
13	First five years. If the Form 990 is for the or	rganization's firs	st, second, third	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 6, c					14	73.22 %
	Public support percentage from 2019 Sched					15	64.05 %
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified						
b	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu	•		•			_
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts				-		
	organization						
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac-			-	-		
	organization						▶ ⊔
18	Private foundation. If the organization did r						_
	instructions						▶ 📙

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	•		· •	•	,	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		,				
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support	(1) 0010	(1) 0017	() 0040	(1) 0040	() 0000	(O T)
_	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
Tua	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second, third.	fourth, or fifth	tax vear as a s	ection 501(c)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		•			16	%
	ction D. Computation of Investment Inc					1	
	Investment income percentage for 2020 (line			ine 13, column	(f))	17	%
	Investment income percentage from 2019 So		•			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20		-	-	-	-		

Part IV Supportir

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
6		
9		
7		
8		
9a		
۵,		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	r		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
<u> </u>	detail in Part VI. ion B. Type I Supporting Organizations	11c		
Seci	ion B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	•		
OCCI	1011 D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	.4		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	struci	.ioris)	•
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions
	Activities Test. <i>Answer lines 2a and 2b below.</i>	00,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
Ø	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it ites, describe in rait vi the role played by the organization in this regard.	วม		

Sched	ule A (Form 990 or 990-EZ) 2020 English Skills Learning Center		87-0467	902 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying t	trust	on Nov. 20, 1970 (explain	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organize	ation	ns must complete Sections	A through E.
Sa	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	ction A - Aujusted Net moonie		(A) I noi Teal	(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		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		,	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

EEA

Pa	Part v Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)								
Sec	ction D - Distributions		Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes		1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the organization is respon	sive							
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2020 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	1	10						
		(ii)		(iii)					

10 L	ine 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 [Distributable amount for 2020 from Section C, line 6			
2 l	Inderdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
	nstructions.			
	Excess distributions carryover, if any, to 2020			
	From 2015			
b F	From 2016			
_ c F	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
	Distributions for 2020 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2021. Add lines 3j and 4c.			
	Breakdown of line 7:			
	-vacas from 2017			
	Tuesca from 2040			
	- (0040			
EEA	Excess from 2020		Soho	tule A (Form 990 or 990-F7) 2020

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

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

English Skills Learning Center 87-0467902 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

English Skills Learning Center

Employer identification number

87-0467902

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	United Way of Salt Lake 4444 South 700 East Salt Lake City UT 84107	\$41,500	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2	American Express Community Dev.		Person 🗷 Payroll 🗌			
	4444 South 700 East Salt Lake City UT 84107	\$45,000	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Eccles Foundation 4444 South 700 East	\$ 37,500	Person k Payroll □ Noncash □			
	Salt Lake City UT 84107		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4_	Sorenson Foundation 4444 South 700 East Salt Lake City UT 84107	\$45,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Church of Jesus Chrit LDS Found 4444 South 700 East Salt Lake City UT 84107	\$25,000	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	LDS Church Deseret Industries 50 E North Temple Street Salt Lake City UT 84150	\$ <u>121,261</u>	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			

Name of organization
English Skills Learning Center

Employer identification number

87-0467902

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7_	ORR - DWS 4444 East 700 South Salt Lake City UT 84107	\$81,17 <u>1</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	Goldman Sachs 111 S Main Street Salt Lake City UT 84111	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Eng	lish Skills Learning Center		87-0467902
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
_	funds are the organization's property, subject to the organization	-	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
. u	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation of	a confined material structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.	conservation continuation in the form of a co	
•			Held at the End of the Tax Year 2a
a	Total acreage restricted by conservation easements		2b
b			· -
C C	Number of conservation easements on a certified historic structure of conservation easements included in (a) against deligned to		20
d	Number of conservation easements included in (c) acquired at		24
•	historic structure listed in the National Register	and outinguished or terminated by the are	2d
3		ased, extinguished, or terminated by the org	anization during the
4	tax year	most is located b	
4	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perior		
5			∏ Yes ∏ No
6	violations, and enforcement of the conservation easements it h	•	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and emorcing conservati	on easements during the year
-			and a second of the second
7	Amount of expenses incurred in monitoring, inspecting, handlin	ig of violations, and emorcing conservation e	easements during the year
	► \$		N/D/:)
8	Does each conservation easement reported on line 2(d) above		п., п.,
•			- -
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organizations illiancial statements th	lat describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or O	Athor Similar Assots
Га	Complete if the organization answered "Yes" of		tilei Sililiai Assets.
10			alanaa ahaat warka
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publi		ance of public
	service, provide, in Part XIII the text of the footnote to its finan-		and all and worder of
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		. ф
	(i) Revenue included on Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		n, provide the
	following amounts required to be reported under FASB ASC 9	•	_
а	· · · · · · · · · · · · · · · · · · ·		
b	Assets included in Form 990, Part X		▶ \$

	lle D (Form 990) 2020 English Skills Lea			87-04			Page 2
Pai	t III Organizations Maintaining Col	lections of Art, His	torical Treasures	, or Other Similar	Assets	(conti	nued)
3	Using the organization's acquisition, accession, and	other records, check any	of the following that ma	ake significant use of its			
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange	programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain how they f	urther the organization	s exempt purpose in Par	t		
	XIII.						
5	During the year, did the organization solicit or recei					,	_
_	assets to be sold to raise funds rather than to be m		ganization's collection	?	<u> </u> '	Yes	No
Pai	t IV Escrow and Custodial Arrange		000 5 (1)/ 1			_	
	Complete if the organization answ	vered "Yes" on Form	1990, Part IV, line	9, or reported an ai	mount or	n Forr	m
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or o	•					¬
					· · · · □ `	Yes	No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following table) :				
					Amount		
	Beginning balance						
d	5 ,						
е	o ,			. 1e			
f	Ending balance			. 1f		_ r	
2a	Did the organization include an amount on Form 99						No
	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanation h	as been provided on Pa	art XIII			
Pai	t V Endowment Funds.						
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	10.			
		Current year (b) Pri	or year (c) Two year	s back (d) Three years ba	ck (e) F	our years	s back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	ar end balance (line 1g, co	olumn (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment ► %						
С	Term endowment						
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.					
3a	Are there endowment funds not in the possession	of the organization that are	e held and administered	d for the			
	organization by:					Yes	s No
	(i) Unrelated organizations				3a	(i)	
	(ii) Related organizations				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sche	edule R?		31	b	
4	Describe in Part XIII the intended uses of the organ	nization's endowment fund	ds.				
Pai	t VI Land, Buildings, and Equipmer	it.					
	Complete if the organization answ		990, Part IV, line	11a. See Form 990	, Part X,	, line	10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		Book valu	
		(investment)	(other)	depreciation			
1a	Land						
b	Buildings						
	Leasehold improvements						

66,258

4,551

d Equipment

e OtherSTMD1E.

66,258

4,551

Schedule D (Form		ing Cent	er		87	-0467902	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered "Ye	es" on For	m 990, Part I	V, line 11b	. See Forr	n 990, Part X,	, line 12.
	(a) Description of security or category (including name of security)		(b) Book value)		(c) Method of valuation or end-of-year market	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	on (h) must aqual Form 000. Part V. aal. (P) lina 12.)						
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Ye		m 000 Part I	\/ line 11e	Soo Form	000 Part V	lino 12
	<u>-</u>	5 011 1701			. See Full	11 990, Fait A,	, iiile 13.
	(a) Description of investment		(b) Book value	;		(c) Method of valuation or end-of-year market	
(1)					\	, , , , , , , , , , , , , , , , , , , ,	
(2)							
(3)				\neg			
(4)							
(5)							
(6)							
(7)							
(8)	'						
(9)							
	in (b) must equal Form 990, Part X, col. (B) line 13.)	<u>,</u>					
Part IX	Other Assets.						
	Complete if the organization answered "Ye	es" on For	m 990, Part I	V, line 11d	. See Forr	n 990, Part X,	, line 15.
	(a) Description	on				(b) Bo	ook value
	cax receivable						350
(2)							
(3)							
(4) (5)							
(6)							
(7)							
(8)							
(9)							
	in (b) must equal Form 990, Part X, col. (B) line 15.)				>		350
Part X	Other Liabilities.					•	
	Complete if the organization answered "Ye line 25.	es" on For	m 990, Part I'	V, line 11e	or 11f. Se	ee Form 990,	Part X,
1.	(a) Description of liability	(b) Book v	alue				
	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(0)							

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Sched	ule D (Form 990) 2020 English Skills Learning Center	87-0467902	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er 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	1,013,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	<u>-</u>	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	41,706
3	Subtract line 2e from line 1	3	971,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	9/1,303
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	10	
C		4c	051 265
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	971,365
Pai	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Keturn	ı .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	
1	Total expenses and losses per audited financial statements	1	908,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	5_	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	41,706
3	Subtract line 2e from line 1	3	866,547
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	866,547
Pai	rt XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

English Skills Learning Center 87-0467902 01. Officer, directors, etc. family relationship (Part VI, line 2) Tanya Lelanuja (Chair) and Jeremy Franklin (Vice-Chair) have a familial relationship. 02. Form 990 governing body review (Part VI, line 11) Organization's Process to Review Form 990 - An electronic copy of the return in draft form was emailed to all board members for review. 03. Conflict of interest policy compliance (Part VI, line 12c) A transaction between the Corporation and any director or an organization in which a director has a material financial interest may result in a potential confilct of interest. Upon the detection of a possibility of a conflict of interest, the director may volunteer or be asked by the Board to offer all material facts regarding the director's relationship or conflicting interest in such contract or transaction and must fully disclose all known information to the Board of Directors prior to approval of such contract or transaction. 04. CEO, executive director, top management comp (Part VI, line 15a) Compensation Process for Top Officials - The Board examined comparable data for determining compensation for the Executive Director. 05. Other officer or key employee compensation (Part VI, line 15b Compensation Process for Officers - The Executive Director examined comparable data to

06. Form 990 availability to public (Part VI, line 18)

determine compensation for other employees of the organization.

Governing Documents Disclosure Explanation - Available on the website, other's websites

Acknowledgement and General Information for 2020 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number English Skills Learning Center **-***7902 Entity address 650 East 4500 South Salt Lake City, UT 84107 Thank you for participating in IRS e-file. 1. **x** 2020 8868-01 was filed electronically. income tax return for Federal The electronic filing services were provided by **Traveller & Company, LLC** 2. **x** 8868-01 income tax return was accepted on 09-24-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 8702392021267spudvuv PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

8879-EO

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number 87-0467902 English Skills Learning Center Name and title of officer or person subject to tax Katie Donoviel, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 971,365 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► **b** Total tax (Form 4720, Part III, line 1)...... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) and that I have examined a copy , (EIN) . of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN 12345 lauthorize Traveller & Company, LLC as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 10-15-2021 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 870239 12345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990 Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2020 Tax ID Number

Name(s) as shown on return

English Skills Learning Center

87-0467902

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
United Way of Salt Lake	50,000	50,000	50,386		41,500	191,886	109,559
American Express Community Dev.	35,000		35,000		45,000	115,000	32,673
USCIS	134,612	74,539	77,113			286,264	203,937
USOE-AEFLA	114,482					114,482	32,155
Granite Peaks DWS	85,666	49,780				135,446	53,119
Eccles Foundation	35,000	35,000	35,000		37,500	142,500	60,173
Sorenson Foundation	30,000	35,000	35,000		45,000	145,000	62,673
SSBG-Salt Lake County	40,000	40,000				80,000	
West Valley City - CDBG	6,000	8,100				14,100	
South Salt Lake PN	15,600	15,600	15,600			46,800	
Church of Jesus Chrit LDS Found	13,000	38,343	69,190		25,000	145,533	63,206
21st Century SLC School Dist							
Hemmingway Foundation	20,000	17,000	15,000		15,000	67,000	
Wal-Mart	30,000					30,000	
CDBG - Salt Lake City	1,770		30,000			31,770	
FINRA Investor Ed.	7,240					7,240	
The R. Harold Burton Foundation		10,000				10,000	
JMP Foundation		20,000			10,000	30,000	
The Dumke Foundation		10,000				10,000	
LDS Church Deseret Industries		137,471	121,890		121,261	380,622	298,295
ORR - DWS		60,175	108,980		81,171	250,326	167,999
SLCO Aging Service			19,470			19,470	
Wheeler Foundation					6,000	6,000	
Rocky Mtn Power Foundation					2,000	2,000	
Goldman Sachs					55,000	55,000	

_____1,083,789

	FOR YOUR RECORDS ONLY Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number	
English Ski	lls Learning Center	87-0467902

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other

Description of Investment Office Furniture	Cost/basis (Investment)	Cost/basis (Other) 4,551	Depr 4,551	Book Value
Total	0	4,551	4,551	0

