

Return of Organization Exempt From Income Tax

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

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



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

	A For the 2020 calenda	ar ve

AI	For th	e 2020 calendar year, or tax year beginning and	ending						
Β	Check if applicat	le: C Name of organization		D Employer identifie	cation number				
	Addr chan	Bes ETHOS DISCOVERY							
	Nam chan			81-10020	58				
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number							
	Final returi	10435 SORRENTO VALLEY ROAD		410-419-					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	384,610.				
	Amer	SAN DIEGO, CA 92121		H(a) Is this a group re					
	Appli tion	F Name and address of principal officer. CHAND RHANNA		for subordinates	? Yes X No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52		list. See instructions				
		ite: WWW.ETHOSDISCOVERY.ORG		H(c) Group exemption					
		f organization: X Corporation Trust Association Other ►	L Yea	r of formation: 2015 N	State of legal domicile: DC				
Pa	art I	Summary							
é	1	Briefly describe the organization's mission or most significant activities: TO CO		I' NONPROFIT' S	SCIENTIFIC				
Governance		RESEARCH TO IMPROVE HUMAN AND VETERINARY							
ern.	2	Check this box if the organization discontinued its operations or dispose		1 1	ets.				
õ	3				3				
	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0				
Activities &	6	Total number of volunteers (estimate if necessary)			27				
ži		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	<u> </u>			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		392,787.	384,610.				
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		392,787.	384,610.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,000.	0.				
ăX	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.	104 106	208 600				
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		174,176.	397,680.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······ –	204,176.	397,680.				
	19	Revenue less expenses. Subtract line 18 from line 12		188,611.	-13,070.				
Net Assets or				eginning of Current Year	End of Year				
Ssei	20	Total assets (Part X, line 16)		942,180. 21,875.	<u>921,386.</u> 14,151.				
let A	21	Total liabilities (Part X, line 26)		920,305.	907,235.				
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		520,505.	507,255.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	ients and to the hest of my	knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			ano and bollor, it is				
	,								

Sign		Signatu	ure of o	fficer							Date				
Here		CHA	ND 1	KHANNA,	PF	RESIDEN	Г								
		Type o	r print r	name and title											
	Prin	nt/Type pr	reparer'	's name			Pre	parer's signat	ure	Date		Check	PTIN		
Paid	TH	OMAS	0'0	CONNOR,	CI	PA				11/10)/21	if self-employed	P0002	2887	8
Preparer	Firn	n's name		GERALD	т.	REILLY	&	COMPAI	NY		Firm's	s EIN ▶ 04	1-2513	3210	
Use Only	Firn	n's addre	SS 🕨	424 ADA	MS	STREET									
				MILTON,	MZ	A 02186					Phon	e no.617-	696-8	8900	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions														
032001 12-2	12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)														

	990 (2020) ETHOS DISCOVERY	81-1002068 F	-age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO CONDUCT NONPROFIT SCIENTIFIC RESEARCH TO IMPROVE		
	VETERINARY HEALTH.	HOMAN AND	
2	Did the organization undertake any significant program services during the year which were not listed or	n the	
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes 🖸	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a) (Revenue \$)
	AS A SCIENTIFIC INCUBATOR, ETHOS DISCOVERY CONDUCTS THAT INCLUDE PET ANIMALS WITH NATURALLY OCCURING DIS		
	CANCER. THE GOALS OF THESE STUDIES WILL BE TO DETERM		
	THESE RESEARCH FINDINGS FOR FUTURE USE IN ANIMALS AN		гн
	COMPLEX MEDICAL PROBLEMS. CLINICAL STUDIES WILL SEEK		
	QUESTIONS ABOUT THE VALUE OF THESE RESEARCH FINDINGS		
	EXPECT TO DERIVE NOVEL DIAGNOSTIC AND THERAPEUTIC OP		
	BOTH PETS AND HUMAN PATIENTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	`	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 359,009.)	
4e	Total program service expenses ► 359,009.	Form 990) (2020)

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 Part IV
 Checklist of Required Schedules

Pa	rt 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?	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe			
-	during the tax year? If "Yes," complete Schedule C, Part II			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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pari	/ 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	′ -		<u> </u>
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U		8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	. 5		
10		10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	. 10		
11				
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. <u>11b</u>		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e		X X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	<u>12a</u>	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X 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		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20 b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	. 21		X

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 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	29		
30		30		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
54		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part U Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a 0 b If a test one is reported on line 2a, diff the organization file all required federal employment tax returns? 2b 3a 2b 3a Date If the sum of lines 1 and 2 is greater than 300, your usp te required to <i>c</i> -thic (see instruction) 3a 2b 3a <td< th=""><th>Form</th><th>990 (2020) ETHOS DISCOVERY 81-1002</th><th>068</th><th>P</th><th>age 5</th></td<>	Form	990 (2020) ETHOS DISCOVERY 81-1002	068	P	age 5						
ga Enter the number of employees reported on Form W3, Transmitud of Wage and Tax Statements, the dot the candrary are andreg with or within the serie routine of the num of lines 1 and 2 a is greater than 250, you may be required to <i>e</i> , the test entertations) 3a X B D the segmetation have unneable business groom cost 10, 000 mmo during the war? 3b X 3a X B / Thos, 'Insta if field a form 900 Tor this year? // Yot 'to line 3b, provide an explanation on Schedule or other authority over, a financial account in a foreign country year, and the organization have an interest in, or a significant or other authority over, a financial account is the organization the test in and the any time during the tax year? 3a X B I 'Yos, 'Insta if field a foreign country 'second barry test from 8066 f77 5a X X B U any taxable party notify the organization the test marks oft an any time during that tax year? 5a X 5a X B U any taxable party notify the organization the time any time during that any time during that aver any time during	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
text for the calendary year ending with or within the year overred by this return Image: Calendary Section 1000000000000000000000000000000000000				Yes	No						
b If least one is reported on line 2a, did the organization if all required to a- <i>site</i> (see instructions) 2b 3a Dot the organization have invested business grass income of \$1,000 or more during the year? 3a b If Yes, 'has if field a form 99D T for this year? If Yeo't to line 3b, provide an explanation on Schedule O 3a b If Yes, 'has if field a form 99D T for this year? If Yeo't to line 3b, provide an explanation or Schedule O 3b b If Yes, 'has if field a form 99D T for this year? If Yeo't to line 3b, provide an explanation or Schedule O 3b b If Yes, 'has if field a form 99D T for this year? If Yeo't to line 3b, provide an explanation or other financial account? 4a X b If Yes, 'has if field a form 99D T for this year? If Yeo't to line 3b, provide an explanation or other financial account? 4a X b If Yes, 'has in the Graphicat that xes heart transaction at any time during the tax year? 5a X c If Yes, 'idd the organization include with every solication an express statement that such contributions or gifts were not tax deductible? 5a X f Organization neade apprent in excess of \$7 made party as a contribution of quark to explanation that any contribution of quark state statement that such contributors? 7a X f If Yes, 'idd the organization neade apprentime decade as exci	2a										
Note: If the sum of these 1a and 2a is greater than 250, you may be required to <i>e</i> -fite (see instructions) Image: the organization have unrelated business gross income of \$1,000 or more during the year? Image: the organization and the organization have an interest in, or a signature or other authority over, a financial accounts (set as a bank account, securities account, or other financial accounts? Image: the organization have an interest in, or a signature or other authority over, a financial accounts for thing requirements for Fining organization have an interest in, or a signature or other authority over, a financial accounts (set as a bank account, securities account, or other financial accounts? Image: the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a Was the organization and prove the organization that was or is a party to a prohibet at whether transaction? 5a X 5a Dot any taxabu party nority the organization that was or is a party to a prohibet at whether transaction? 5a X 5a Dot any taxabu party nority the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the signatization active appress statement that such contributions or gits were not tax deductible ac charlable contributions? Test is a state account set as the set of the organization file a participation for the signation for the signation for a signature or other authority of propersy of which it was required to the part? Test is a state account set of the organization file and part as a state account sether tremanid accounts (FBAR). Test is a state		filed for the calendar year ending with or within the year covered by this return 2a 0									
ab Did the organization have unrelated business gross income of \$1,000 or more during the yar? 3a X bit 1*%s, fish field AF come source of the the provide an explanation on Solveduke 0 3b X 4A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is count is outly is during the provide an explanation on Solveduke 0 3b X bit 1*%s, financial account is observed to a solutile solutile solutile solutile solutile solution for filing requirements for Fin-CEN Form 114, Report of Foreign Bank and Financial accounts (FBAR), 5a X bit 1*%s, financial account is a provide an explanating the tax yea? 5a X bit 1*%s, financial accounts is a party to a prohibited tax shelts transaction? 5a X cold any taxable party notify the organization from 888-7? 5a X cold any taxable party notify the organization in the tax solution as a stranzble contributions or gifts were not tax discubites a charable contributions? 5a X cold any taxable party notify the organization include with every solution an express statement that such contributions or gifts were not tax discubites a charable contributions? 5a X bit 1*%s, indicate the number of Forms 8282 filed during the year Zd Zd Zd cold the organization number as ball with a contribution an approximatio	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
b If "Yes", faile It field a Form 900-T for this yea? If Wo't one systemation on Scientifie O 30 4 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 bark account, securities account, or other financial accounts (FEAR). 4a X b If 'Yes,'' enter the name of the foreign country (such as a bark account, securities account, or other financial accounts (FEAR). 5a 5a 5a Was the organization have organization that was or is a party to a prohibited tax shelter transaction? 5a X 64 Dod any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a X c If 'Yes,' to did the organization new organization have ensite as charaftable contributions or gifts ware not tax deductable and the very solicitation an express statement that such contributions or gifts ware not tax deductable on thinking as a contribution and party for goods and services provided to the payor? 7a X 7 Organization new appression organization file form 3828? To the organization new appression organization file form 3828? 7b 7a X 7 Uf 'Yes,' did the organization file down of the value of the goods or services provided? 7a X 7a X 7 Uf 'Yes,' did the organization file down of the value of the goods or services provi		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accounty is output (but has a bank account, securities account, or other financial accounty) 4a X b If "Yes," enter the name of the foreign country b 5a X count as of toring organization approximation that it was or is a party to a prohibited tax shelter transaction? 5a X b Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X clip toring to a prohibited is schelarible contributions foreign Bank and Financial Accounts (FBAR). 5a X clip toring toring requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X clip toring toring requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X clip toring requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X clip toring requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X clip toring requirements for FincteR Form 114, Report of Foreign Bank toring Control 114, Co	3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
financial account in a toreign country (such as a bank account, securities account, or other financial account)? 4a X 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). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions a party to a prohibited tax shelet transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelet transaction? See instructions or gifts organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). See instructions or gifts organization notity the donor of the value of the goods or services provided? To 7 Did the organization necelve spinomen, toxics of SF, made party as a prohibited tax shelet transaction cortex? To Ta 7 Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Ta 7 Tyes,'' did the organization neceve any funds, directly or indirectly, to any premiums on a personal benefit contract? To Ta 7 To Ta Ta Ta Ta Ta 7 The	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								
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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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	-				- 23						
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X			0+1								
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?	15		15		х						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?											
	16		16		Х						

Form **990** (2020)

Form	990 (2020) ETHOS DISCOVERY		81-100			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			37
-	officer, director, trustee, or key employee?			2		X X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
			filedO			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assorbid the organization have members or stockholders?					X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		- 23
74	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			14		<u> </u>
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
	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 read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
					37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		100	х	
12	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?			12c 13	- 23	x
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?					X
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>by</i>				
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization					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 arrangem	ent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA, AL, AK, AZ, A					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-1 (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	_				
40	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ITIICT O	or interest policy, a	ina finano	cial	
20	statements available to the public during the tax year.	ko 00-	l rocordo			
20	State the name, address, and telephone number of the person who possesses the organization's boo TINA RICE - $781-305-2285$	no and				
	150 PRESIDENTIAL WAY, SUITE 200, WOBURN, MA 01801					
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2020)
						. /

Form 990 (81-1002068	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's	s tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organization	ons), regardless of amount of compens	ation.

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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			l than d	one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both r/trus	n an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	direct				5		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)		organization
	organizations	ll trus	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHAND KHANNA	line)	Inc	<u> </u>	HO	Ke	분별	Fo			
PRESIDENT	10.00	x		x				0.	0.	0.
(2) AMY BAKLUND	5.00	~		~			<u> </u>			
VICE PRESIDENT	5.00	х		x				0.	0.	0.
(3) EJ EHRHART	5.00									
DIRECTOR		х						0.	0.	0.
(4) PETER GLASSMAN	5.00									
DIRECTOR		Х						0.	0.	0.
		1								

Form 990 (2020) ETHOS DIS	SCOVERY								81-10	020	68	Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c , unles	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
	(list any hours for related organizations below line)	hours for set of the s						organization (W-2/1099-MIS		compensation from the organization and related organizations			
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable				0
										_		Yes	No
3 Did the organization list any former officer,	-		•	•	•		Ŭ				0		v
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										····	3		<u>X</u>
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		Х
Section B. Independent Contractors									100.000 - (
1 Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		Densat			
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper	s) Isatio	n
2 Total number of independent contractors (in \$100.000 of compensation from the organized statement of		ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than				

					DISC	OVE	RY			81-1002	068 Page 9
Ра	rt VI										_
			Check if Schedule O	conta	ains a resp	onse	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0, (0	4	_	Foderated compaigns		1a						3001013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	16		Federated campaigns								
DoL Gra			Membership dues Fundraising events								
fts,			Related organizations				200,000.				
, Gi Jilai			Government grants (conti				200,000.				
Sin	1		All other contributions, gifts,								
her	•	•	similar amounts not included				184,610.				
oti		a	Noncash contributions included in			\$					
Con	1	-	Total. Add lines 1a-1f					384,610.			
0.0							Business Code				
e	2 8	а									
vic	-	b									
Ser		с									
am		d									
Program Service Revenue	e	е									
Pr	1	f	All other program service	reve	nue						
	ļ	g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts) \dots								
	4		Income from investment of								
	5		Royalties	· · <u>· · · · · · · ·</u>	·····	<u></u>					
					(i) Re	al	(ii) Personal				
	6 a	а	Gross rents								
	ł		Less: rental expenses	6b							
	0		Rental income or (loss)	6c							
			Net rental income or (loss	s)							
	7 a	а	Gross amount from sales of	_	(i) Secur	itles	(ii) Other				
	_		assets other than inventory	7a							
	1	b	Less: cost or other basis								
venue		_	and sales expenses								
eve			Gain or (loss)								
er Re			Net gain or (loss) Gross income from fundraisi			····					
Other	00	a	including \$		•						
0			contributions reported on								
			Part IV, line 18		,	8a					
		h	Less: direct expenses								
			Net income or (loss) from				►				
			Gross income from gamir								
			Part IV, line 19								
	I	b	Less: direct expenses								
			Net income or (loss) from				►				
			Gross sales of inventory,	-	-						
			and allowances			10a					
	ł	b	Less: cost of goods sold								
			Net income or (loss) from				►				
ß		-		_			Business Code				
iscellaneous Revenue	11 a	а					ļ				
ane	I	b									
cell }eve	(с									
Mis			All other revenue								
			Total. Add lines 11a-11d					204 610	-		
	12		Total revenue. See instruction	ons				384,610.	0.	0.	0.

 Form 990 (2020)
 ETHOS
 DISCOVERY

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	<u>Σ</u>
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
b. 8b, 9b, a a Grants a and dom Grants a individu Grants individu Grants individu Grants individu Grants individu Grants individu Grants organiz individu Benefits Compe persons persons persons persons persons section 4 Descton 4 Dother e Other es Grants Advertis Grants Office e Horder Paymer for any Office es Advertis Grants Office es Information Paymer for any Other es Depreci Insurant Above (L	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Management				
		57,068.	23,809.	33,259.	
		57,000.	23,005.	55,255.	
	Accounting				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	206,122.	206,122.		
	Advertising and promotion		,		
	Office expenses	51,263.	46,137.	5,126.	
	Information technology		•		
	Royalties				
	Occupancy				
		2,225.	2,225.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	2,692.	2,423.	269.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) FELLOWSHIP EXPENSES	78,138.	78,138.		
	REGISTRATION AND FEES	172.	155.	17.	
		1/4•		± / •	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	397,680.	359,009.	38,671.	(
	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 Fight and following SOP 98-2 (ASC 958-720)				

	THOS	DISCOVERY
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πΧ	Balance Sneet				
	Check if Schedule O contains a response or n	ote to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		379,601.	1	280,149.
2	Savings and temporary cash investments			2	
3				3	637,791.
4				4	
5					
	trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
	controlled entity or family member of any of th	iese persons		5	
6	Loans and other receivables from other disqua	alified persons (as defined			
	under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		4,780.	9	3,446.
10a					
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11				11	
12				12	
13				13	
14				14	
15	Other assets. See Part IV, line 11		0.4.0	15	
16				16	921,386.
17					14,151.
18					
				21	
22					
		• • • • • • • • • • • • • • • • • • • •			
				24	
25					
		les 17-24). Complete Part X		05	
26	-		21 875		14,151.
20			21,075.	20	14,131.
27			672 167.	27	764,499.
					142,736.
20			210,1500	20	112,7000
20		de la		20	
					907,235.
				33	921,386.
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17	Check if Schedule O contains a response or n 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sut controlled entity or family member of any of th 6 Loans and other receivables from other disquare under section 4958(f)(1)), and persons describ 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, lime 13 Investments - program-related. See Part IV, lime 14 Intangible assets 15 Other assets. See Part IV, lime 11 16 Total assets. Add lines 1 through 15 (must ed 17 Accounts payable and accrued expenses 18 Grants payable 19	Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10a 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Laars and other payables to any current or former officer, director, trustee, key employee, creator or founder, substant	Check if Schedule O contains a response or note to any line in this Part X Beginning of year 1 Cash - non-interest-bearing 379,601. 2 Savings and temporary cash investments 557,799. 4 Accounts receivable, net 557,799. 4 Accounts receivable, net 557,799. 4 Accounts receivable, net 557,799. 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 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)). 7 7 Notes and loans receivable, net 10a 8 inventories for sale or use 10a 9 Prepaid expenses and defered charges 4,780. 10a 10a 10a 11 Investments - other securities. See Part IV, line 11 10a 11 Investments - program-related. See Part IV, line 11 10b 11 Investments - program-related. See Part IV, line 13 10a 12 Investments - program-related. See Part IV, line 14 10a 13 Investments - p	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest bearing 379,601.1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 557,799.3 4 Accounts 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 drue 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 8 Prepaid expenses and deferred charges 4, 780.9 9 Prepaid expenses and deferred charges 10a 10 10b 10c 11 Investments - publicly traded securities 11 11 Investments - publicly traded securities 111 11 Investments - publicly traded securities 114 12 Investments - publicly traded securities 112 11 110b 120 12 Investments - publicly traded securities 114 13 10c

921,386. Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

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Form	1990 (2020) ETHOS DISCOVERY	81-1002	2068	Pad	_{ge} 12
	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	384	1,6	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	397	7,6	80.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13	3,0	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	920),3	05.
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	907	7,2	<u>35.</u>
Pa	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCH	EDU	LE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nar	ne of t	e of the organization Employer identification number							
			S DISCOVER						1-1002068
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:	•					. ,	
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a oc	vernmental ur	nit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma	-					o gonoral r	public described in
'		section 170(b)(1)(A)(vi). (C		Initial part of its support in	on a gove	minentai		e general j	
0				(1)(A)(vi) (Complete Der	+ 11 \				
8	H	A community trust describe			-	ad in aanii	upotion with o	land arout	
9		An agricultural research org							
		or university or a non-land-g	grant college of agrici	ulture (see instructions).		name, city	, and state of i	the college	
40		university:	11	11					
10		An organization that norma	•					-	•
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a	-	•	•				
12		An organization organized a	-	•				•	
		more publicly supported or							Check the box in
		lines 12a through 12d that							
a	ı [Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization			majority c	of the direc	tors or trustee	es of the su	Ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatior	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
c	1 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tet									
Tota	al								1

Schedule A (Form 990 or 990-EZ) 2020 ETHOS DISCOVERY

81-1002068 Page 2

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.)

Caleader year (or fineal year beginning in) (g) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total include any "unsueal grants.") 2 Tax revenues level for the organization include any "unsueal grants.") 3 The value of services or facilities 4 453, 025. 951, 211. 392, 787. 384, 610. 2181633. 4 453, 025. 951, 211. 392, 787. 384, 610. 2181633. 5 The portion of total contributions by each person (other thma. growenmental unit or publicly supported organization without charge 4 453, 025. 951, 211. 392, 787. 384, 610. 2181633. 5 The portion of total contributions by each person (other thma. growenmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 7 Amounts from line 4 6 Gross income from interest, dividends, payments necewided on securitie loans, rents, roylane, and income from simela, dividends, payments necewided on securitie loans, rents, roylane, and income from simela, dividends, payments measived on securities loans, rents, roylane, and income from simels, dividends, payments measived on securities loans (rents, rents, roylane) 10 Other income. Do not include gain or loss from the said or capital assets (Explaint) in Part V1) 11 Total support Addities, 7 though to 2 2181633. 12 2181633. 12 2181633. 12 2181633. 12 2181633. 13 First System. If the Grows 00 line 11, column (f) 14 55 5 Public support extrema of the first system on the 15 Section B. Crows 00 line 6, that these, the (see instructions) 12 2 13 First System. If the Grows 00 line 0, the organization of first, second, third, fourth, or tifth tax year as a section 501(c)(3) organization neets the facts and cloums the facts and cloums the facts and cloum (f), divided by line 11, column (f) 14 5 Shi support tercentage for 2020 line 6, column (f), divided by line 11, column (f) 15 Addis support extrematations etc. the con line 13, ratio II ta 31 7/36 or more, check this box and stop here. The organization meats the facts and cloum tha	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 453,025.951,211.392,787.384,610.2181633. 2 Tax revenues levide for the organization's benefit and ether pad to or expended on its behalf 453,025.951,211.392,787.384,610.2181633. 3 The value of services or facilities furnished by agovernmental unit to the organization without charge of total contributions by each person (ofter than a government) unit or publicly supported organization) included on lise 1 that exceeds 2% of the amount shown on line 11, column (f) 453,025.951,211.392,787.384,610.2181633. 5 Public support. Secretices than in s.4 460,428. Section B. Total Support Celledar yset (ofter than a government) unit or publicly supported organization give the section of total contributions by sach person (ofter than a government) unit or publicly supported organization in the 4 453,025.951,211.392,787.384,610.2181633. 6 Public support. Secretices than in s.4 453,025.951,211.392,787.384,610.2181633. 8 Oross income from interest, dividends, payments received on securities total var beginning in) (a) 2016 (b) 2017 (c) 2018 (c) 2019 (c) 2020 (f) Total 39. Net income from similar sources and income from similar sources 9.9 Net income from unrelated business activities, whether or not the business is regularly carried on securities total contributed gain or loss from the sale of capital securities total capital divides gain or loss from the sale of capital securities total capital divides gain or loss from the sale of capital securities total capital divides din or thead, and line 14 is 33 1/3% sorport est - 202	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants') 453,025.951,211.392,787.384,610.2181633. 2 Tax revenues levied for the organization includes on excepted on its behalf 392,787.384,610.2181633. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 453,025.951,211.392,787.384,610.2181633. 4 Total. Add lines 1 through 3 453,025.951,211.392,787.384,610.2181633. 5 The portion of total contributions by each person (fiber than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 1721205. 6 Public support. Some time steeps in the steep of the organization includes on on line 11. (b) 2017 (c) 2018 (d) 2019 (d) 2019 Calendar year (or fisad year beginning in) A dot 0, 428.95.951, 211.392, 787.384, 610.2181633. 384, 610.2181633. 6 Gross income from interest, divided, supments received on securities loading sources and soure	1	Gifts, grants, contributions, and						
2 Tax revenues levid for the organization without charge 2 Tax revenues levid for the organization without charge 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thracks of the amount shown on line 11, column (f) 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thracks of the amount shown on line 11, column (f) 5 The portion of total contributions by each person (other than a governmental unit or publicly support. Addition of the torgen terms		membership fees received. (Do not						
icition's benefit and either paid to or expended on its behalf		include any "unusual grants.")		453,025.	951,211.	392,787.	384,610.	2181633.
or expended on its behalf 3 The value of services or facilities firming by a governmental unit to the organization without charge 453,025.951,211.392,787.384,610.2181633. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 28 of the amount shown on line 11, column (f) 1721205. 6 Public support. Attend time there time 4 453,025.951,211.392,787.384,610.2181633. 7 Amounts from inte 1. 460,428. Section B. Total Support (a) 2016 (b) 2017 (c) 2020 (f) Total 7 Amounts from line 4 453,025.951,211.392,787.384,610.2181633. 302.000 (f) Total 8 Gross income from interest, oryalites, and income from mitterest, oryalites, and income from similar sources 951,211.392,787.384,610.2181633. 2181633. 9 Net income from mitterest, oryalites, and income time 4 453,025.951,211.392,787.384,610.2181633. 2181633. 10 Other income. Do not include gain or loss from related business activities, whether on at the sale organizations first, second, time, fourth (n, fourth, ourth (n, ffurth, fourth, or fifth tax years as section 501(c)(3) organization, form estale organization of first, second, time, fourth (n, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here. 18 50 513,13% or more, check this box and stop he	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 3 Total. Add lines 1 through 3 453,025.951,211.392,787.384,610.2181633. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1721205. 460,428. 6 Public support. Substative 5 term line 4. 453,025.951,211.392,787.384,610.2181633. 7 Amounts from line 4. 453,025.951,211.392,787.384,610.2181633. 8 Gross income from interest, dividends, payments received on securities longs, rents, royalles, and income from similar sources. 91,211.392,787.384,610.2181633. 9 Net income from invalue outries, activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 12 11 Total support. Add lines 7 through 10 12 8 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization's differst. 2020. If the organization of the state of capital assets (Explain in Part VI). 14 19 First 5 years. If the Form 990 is for the organization on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. T		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 53,025.951,211.392,787.384,610.2181633. 7 Total. Add lines 1 through 3 453,025.951,211.392,787.384,610.2181633. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1721205. 6 Public support. Extension 5% of the amount shown on line 11. column (f) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (g) 107edd 7 Arrounds from line 4. 453,025.951,211.392,787.384,610.2181633. (f) Total 8 Gross income from interest, dividends, payments received on securities loan, rents, royatiles, and income from similar sources 1 2181633. 9 Net income from interest, dividends, payments received on securities loan, rents, royatiles, and income thesale or capital assets (Explain in Part Vi) 1 2181633. 10 Other income. Do not include gain or loss from related business activities, whether or not the business is regularly carried on 12 1 11 Total support. Add lines 7 through 10 Gross income, check this box and stop here. 12 1 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 1 14 Public support percentage from 2019 Scheduel A, Part II, line 14 15		or expended on its behalf						
the organization without charge 4 53,025.951,211.392,787.384,610.2181633. 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, columm (i) 1721205. 6 Public support. Sustead line 5 from line 4 460,428. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total 7 Amounts from line 4. 453,025.95.951,211.392,787.384,610.2181633. 384,610.2181633. Section B. Total Support Gleadar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total 7 Amounts from line 4 453,025.951,211.392,787.384,610.2181633. Section B. Total Support 2181633. 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part Vi) 12 2181633. 13 First Syears. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here. 14 59 14 Total support text and pool is for the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicidy supported organization and stop here. T	3	The value of services or facilities						
4 Total. Add lines 1 through 3 453,025.951,211.392,787.384,610.2181633. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 1721205. 6 Public support. Subtractine 5 trons line 4 460,2218 2 Calindar year (or fised) year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Calindar year (or fised) year beginning in) > 7 Amounts from line 4 453,025.951,211.392,787.384,610.2181633. 384,610.2181633. 8 Gross income from interest, divided business activities, whether or not the business is regularly carried on interest, and income from similar sources. 9 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on interest, this box and stop here. 12 2181633.12 11 Total support. Add lines 7 through 10 12 2181633. 12 14 Public support parcentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9 15 Public support parcentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9 15 Public support parcentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9 16 Other incones. The organization di not check the box on line 13,		furnished by a governmental unit to						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ETHOS DISCOVERY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				<u>.</u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
F	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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 emount on line 13 for the year						
~							
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
		(4) 2010	(6) 2017		(0) 2013		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
b							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
							·
14		8	, , ,	,	5	()()	
800							
	•	••				1 1	
				.,,			%
						16	%
	•					1 1	
exceed the grader of \$8.00 or \$% of the amount on line 31 for the year		%					
						· · · ·	%
19a		-					
b							►
20							

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

or 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).

Section D	. All Type III Supporting Org	anizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a	governmental entity.	Describe in Part VI how vo	ou supported a governmental entit	v (see instructions).
---	--	------------------------------	----------------------	----------------------------	-----------------------------------	-----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

1	I Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion 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			
Sect	ion 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		I	

Schedule A (Form 990 or 990-EZ) 2020 ETHOS DISCOVERY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	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.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ETHOS DISCOVERY

Part VI	Supplemental Information, Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:			
	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,			
	notify active decision by mids 2 and 0, rative decision 1, mids (2, 2, 2), 0a, and 0b, Fall V, line 1, Fall V, decision B, Hard V, active B, Fall V, and a send the second state of the se			
	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) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

81-1002068

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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

X 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 \dots \blacktriangleright \$

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).

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

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

Employer identification number

ETHOS DISCOVERY

81-1002068

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page **4**

Name of or	rganization		Employer identification number
ETHOS	DISCOVERY		81-1002068
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfor of ci	[
-	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	The second secon
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi	Tt Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE I	D
------------	---

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Employer identification number

	ETHOS DISCOVERY		81-1002068
Pa	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds	
	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 writing	that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusion	ve legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose o	conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the organizat	ion answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (for example, recreation or	education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/2	25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic n	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds'		
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	ng of violations, and enforcing cons	ervation easements during the year
_	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservat	ion easements during the year
~			
8	Does each conservation easement reported on line 2(d) above satis		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	the organization's infancial stateme	ins that describes the
Pa	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, F	-	
1a	If the organization elected, as permitted under FASB ASC 958, not		nd balance sheet works
14	of art, historical treasures, or other similar assets held for public exh	•	
	service, provide in Part XIII the text of the footnote to its financial st		•
b	If the organization elected, as permitted under FASB ASC 958, to re		
	art, historical treasures, or other similar assets held for public exhibit		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			N N
2	If the organization received or held works of art, historical treasures.		
	the following amounts required to be reported under FASB ASC 95		-
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990. Part X		► \$

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

Schedule D	(Form 990)) 2020

Sche	dule D (Form 990) 2020 ETHOS D							81-10			_{ge} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	^r Other	[.] Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	L 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	e	0 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, hist	orical treas	sures, or othe	er similar	assets		_		
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia								-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tal	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		
	Did the organization include an amount on Fo						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	Tt V Endowment Funds. Complete in								() [1	
		(a) Current year	(b) Pri	ior year	(c) Two year	'S DACK	(d) Three	ears back	(e) Four y	ears b	ack
	Beginning of year balance										
b	Contributions										
C L	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the current	ant year and belenge									
2	Board designated or quasi-endowment	•		column (a)	I) Heiu as.						
a b			70								
		⁹⁰									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-									
39	Are there endowment funds not in the posses		tion that :	are held ar	nd administer	ed for th	e organiz	ation			
oa	by:	ssion of the organiza		are neia ar			c organizi			/es	No
	(i) Unrelated organizations								3a(i)		110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990.	, Part X, I	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	
		basis (investr		.,	(other)	• •	preciation		. ,		
1 a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must ed		X. column	<u>1 (B)</u> , line 1	0c.)						0.
-					,			Cabadula	D /	0001	

Schedule D (Form 990) 2020

_	Complete if the organization answered "Yes" of	n Form 990 Part IV line	11b See Form 990 Part X line 12	
(a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)	Financial derivatives			
• •	Closely held equity interests			
	Other			
	(A)			
	(B)			
	(C)			
	(D)			
	(E)			
	(F)			
	(G)			
	(H)			
Tot	al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
P	art VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
P	art IX Other Assets.			
	Complete if the organization answered "Yes" c		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7) (8)			
	(9)			
	(ə) :al. (<u>Column (b) must equal Form 990. Part X. col. (B) line</u>	15)		
P	art X Other Liabilities.	<u>15.)</u>		
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability	, , ,	, , ,	(b) Book value
	(1) Federal income taxes			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
Tot	al. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 ETHOS DISCOVERY			81-1	1002068	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re ⁻	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,031,	580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	646,970.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	646,	970.
3	Subtract line 2e from line 1			3	384,	610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5		610.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per P			610.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With	Expenses per F	Returi	n	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With e 12a.	Expenses per F			
Pa	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a.	Expenses per F	Returi	n	
Pa	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With e 12a.	Expenses per F	Returi	n	
Pa 1 2	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a. 	Expenses per F	Returi	n	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a. 2a 2b	Expenses per F	Returi	n	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 2a 2b 2c	Expenses per F	Returi	n. 1,044,	650.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Returi	n. <u>1,044</u> , 646,	<u>650.</u> 970.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 646,970.	1	n. <u>1,044</u> , 646,	650.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 646,970.	1 2e	n. <u>1,044</u> , 646,	<u>650.</u> 970.
Pa 1 2 b c d e 3	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 646,970.	1 2e	n. <u>1,044</u> , 646,	<u>650.</u> 970.
Pa 1 2 a b c d e 3 4	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F 646,970.	1 2e	n. <u>1,044</u> , 646,	<u>970.</u> 680.
Pa 1 2 a b c d e 3 4 a	T XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	n. <u>1,044</u> , <u>646</u> , <u>3</u> 97,	<u>970.</u> 680.
Pa 1 2 b c d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. <u>1,044</u> , <u>646</u> , <u>3</u> 97,	<u>970.</u> 680.

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

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.



Employer identification number 81 - 1002068

ETHOS DISCOVERY

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY MANAGEMENT. A COMPLETE COPY OF THE FORM 990 AND

SUPPORTING SCHEDULES WAS PROVIDED TO THE FULL BOARD FOR REVIEW PRIOR TO

BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ANNUALLY SIGN A CONFLICT OF INTEREST AFFIDAVIT. IF A

TRANSACTION ARISES WHERE THERE IS A CONFLICT OF INTEREST, THE PERSON WITH

SUCH CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AZ, AR, CO, CT, FL, GA, HI, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NM, NY, NC, OH, OK, OR

PA,RI,SC,TN,UT,WA,DC,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

 FORM 990, PART IX, LINE 11G, OTHER FEES:

 LABORATORY RESEARCH FEES:

 PROGRAM SERVICE EXPENSES
 206,122.

 MANAGEMENT AND GENERAL EXPENSES
 0.

 FUNDRAISING EXPENSES
 0.

 TOTAL EXPENSES
 206,122.

 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A
 206,122.

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(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Employer identification number

81-1002068

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ETHOS DISCOVERY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

		1			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	-						
							

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes N	o
VIPW, LLC - 47-5406630	-										
20 CABOT ROAD	VETERINARY										
WOBURN, MA 01801	SERVICES	DE	N/A					x	N/A	x	
	4										
	4										
	4										
	4										
	4										
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	egal domicile (state or foreign entity (C corp, S corp, income end-of-ye or trust)	(h) Percentage ownership	512(t contr ent	(i) ction (b)(13) rolled tity?	
		country)				Yes	No
							<u> </u>
	-						

Schedule R (Form 990) 2020 ETHOS DISCOVERY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				

Schedule R (Form 990) 2020 ETHOS DISCOVERY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	F	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
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				╉								<u> </u>

Schedule R (Form 990) 2020