DLN: 93493135015510 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 **C** Name of organization D Employer identification number B Check if applicable National Center for Families Learning ☐ Address change 61-1159549 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 325 West Main Street No 300 ☐ Application pending (502) 584-1133 City or town, state or province, country, and ZIP or foreign postal code Louisville, KY  $\,$  402024237  $\,$ G Gross receipts \$ 8,462,240 Name and address of principal officer H(a) Is this a group return for Sharon Darling □Yes ☑No subordinates? 325 West Main Street No 300 H(b) Are all subordinates Louisville, KY 402024237 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www familieslearning org L Year of formation 1989 M State of legal domicile KY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities Our mission is to address our nation's literacy challenges by engaging all family members in learning, with a primary focus on parents and children living in poverty Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 1,837,875 4,069,114 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 2,111,198 3,438,362 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 731,129 664,656 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,172,132 4,680,202 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,173,251 1,001,966 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,562,065 3,452,386 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶973,442 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,127,712 4,651,858 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 6,863,028 9,106,210 19 Revenue less expenses Subtract line 18 from line 12 . -2,182,826 -934,078 Net Assets or Fund Balances **Beginning of Current Year End of Year** 15,301,058 20 Total assets (Part X, line 16) . 14,173,089 768,553 21 Total liabilities (Part X, line 26) . 973,590 22 Net assets or fund balances Subtract line 21 from line 20 . 14,327,468 13,404,536 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-04-10 Signature of officer Sign Here Sharon Darling President Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-04-06 P00174525 Paid self-employed Firm's name > Strothman & Company PSC Firm's EIN ▶ 61-1191655 Preparer Use Only Firm's address ► 325 W Main St Suite 1600 Phone no (502) 585-1600 Louisville, KY 402024251 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	(018)					Page <b>2</b>
Pa	rt III	Statement of Pr	ogram Servi	ice Accomplisi	hments		
		Check if Schedule C	contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the organiz					
deve 30-y	lops and ear histe amental	d provides programm ory, we have change	ing, professiona d the lives of mi	al development, a Illions of families	nd resources that emp across the country En	th educators, literacy advocates, and power and raise families to achieve t gaging multiple generations from the ach creates a stronger impact and g	heir potential Over our e same family has been a
2	Dıd th	e organization under	take any signific	cant program serv	vices during the year v	which were not listed on	
	the pr	or Form 990 or 990-	EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these ne	w services on S	chedule O			
3	Did th	e organization cease	conducting, or	make significant o	changes in how it cond	lucts, any program	
	servic	es <sup>?</sup>					🗌 Yes 🗹 No
	If "Yes	s," describe these cha	anges on Sched	ule O			
4	Sectio		(c)(4) organizat	ions are required	to report the amount	e largest program services, as meast of grants and allocations to others, t	
4a	(Code		) (Expenses \$	5,117,780	including grants of \$	1,001,966 ) (Revenue \$	1,655,790 )
	See Ad	ldıtıonal Data					
4b	(Code		) (Expenses \$	1,782,572	including grants of \$	) (Revenue \$	1,782,572 )
	See Ad	ldıtıonal Data					
4c	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other	program services (D	escribe in Sche	dule O )			
		nses \$		cluding grants of	\$	) (Revenue \$	)
4e	Total	program service e	xpenses 🟲	6,900,3	52		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes 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? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Par	Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

41

0

Page 4

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

OIIII	990 (2018)						Page (
Pai	8a, 8t	rnance, Management, and Disclosure For each "Yes" response to lines 2 to possible of the circumstances, processes, or changes in Schedule of Schedule O contains a response or note to any line in this Part VI	ule O		o" resp	onse to	lines 🗸
Se	ction A. Go	overning Body and Management					
						Yes	No
1a	Enter the nu	mber of voting members of the governing body at the end of the tax year	1a	11			1
	Tf thana and	material differences in vehicle and the second of the second			1		
		material differences in voting rights among members of the governing ne governing body delegated broad authority to an executive committee or					1
	sımılar comr	nittee, explain in Schedule O					1
Ь	Enter the nu	mber of voting members included in line 1a, above, who are independent	46	10			
2	Did any office	ا er, director, trustee, or key employee have a family relationship or a busines:	1b	tranship with any other	1		
2		tor, trustee, or key employee?			2		No
3		nization delegate control over management duties customarily performed by lirectors or trustees, or key employees to a management company or other p			3		No
4	Did the orga	nization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	_	nization become aware during the year of a significant diversion of the organ	•		5		No
6	Did the orga	nization have members or stockholders?			6		No
7a	Did the orga	nization have members, stockholders, or other persons who had the power t	o elec	t or appoint one or more			
		the governing body?			7a		No
b		ernance decisions of the organization reserved to (or subject to approval by) er than the governing body?		bers, stockholders, or	7b		No
8	•	nization contemporaneously document the meetings held or written actions i		taken during the vear by			
-	the following						
а	The governii	ng body?			8a	Yes	
b	Each commi	ttee with authority to act on behalf of the governing body?			8b	Yes	
9		officer, director, trustee, or key employee listed in Part VII, Section A, who c's mailing address? If "Yes," provide the names and addresses in Schedule O		be reached at the	9		No
Se		licies (This Section B requests information about policies not requi		v the Internal Revenu		<u> </u>	
	CCIOII DI I C	The Section Brequests information about poinces not regar	ii Cu L	y the internal nevera		Yes	No
10a	Did the orga	nization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did	the organization have written policies and procedures governing the activities to ensure their operations are consistent with the organization's exempt pu			10b		
11a		anization provided a complete copy of this Form 990 to all members of its go					
	form?		•	· · · · · ·	11a	Yes	
Ь	Describe in S	Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the orga	nization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officer	s, directors, or trustees, and key employees required to disclose annually int	erests	that could give rise to	12b	V	
_				3 If "Van " daaamba in	120	Yes	
·		nization regularly and consistently monitor and enforce compliance with the how this was done	• •	• • •	12c	Yes	
13	Did the orga	nization have a written whistleblower policy?			13	Yes	
14	Did the orga	nization have a written document retention and destruction policy?			14	Yes	
15		ess for determining compensation of the following persons include a review a nparability data, and contemporaneous substantiation of the deliberation and					
а	The organiza	ation's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officer	s or key employees of the organization			15b	Yes	
	If "Yes" to li	ne 15a or 15b, describe the process in Schedule O (see instructions)					
16a		nization invest in, contribute assets to, or participate in a joint venture or sir ly during the year?	mılar a	arrangement with a	16a		No
b	If "Yes," dıd ın joint vent	the organization follow a written policy or procedure requiring the organization are arrangements under applicable federal tax law, and take steps to safeguates to such arrangements?	ard th		16b		
Se	ction C. Di	sclosure					
17		es with which a copy of this Form 990 is required to be filed $\blacktriangleright$ KY , NY , II		, TN , AR , KS , MD , MN	, MS , I	ND , OK	, WI ,
18		SD , TX , M 4 requires an organization to make its Form 1023 (or 1024-A if applicable), Solo for public inspection. Indicate how you made those available. Check all the	90, a	nd 990-T (501(c)(3)s			
		ble for public inspection. Indicate how you made these available. Check all the		•			
19		ebsite $\ \square$ Another's website $\ ec{oldsymbol{arPsi}}$ Upon request $\ \square$ Other (explain in Sc Schedule O whether (and if so, how) the organization made its governing doc					
± 7		inancial statements available to the public during the tax year	Lumer	its, commet or interest			
20		me, address, and telephone number of the person who possesses the organi West Main Street Suite 300 Louisville, KY 402024237 (502) 584-1133	zation	's books and records			

(F)

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

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related	organization compensated a	ny current officer, o	lirector, or trustee
(A)	(B)	(C)	(D)	(E)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n of or/t	t ch unle: ficer	ss pers	son	Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SHARON DARLING PRESIDENT AND FOUNDER	40 00	Х		х				268,510	0	17,772
(2) RICHARD E BARR CHAIRMAN OF THE BOARD	1 00	Х		x				0	0	0
(3) MEREDITH M PARENTE VICE CHAIR	1 00	Х		х				0	0	0
(4) JAY WARREN DIRECTOR	1 00	Х						0	0	0
(5) JACQUELYN JACKSON FLEMING DIRECTOR	1 00	X						0	0	0
(6) E SUSAN GOURLEY DIRECTOR	1 00	Х						0	0	0
(7) CHRISTOPHER LEHMAN DIRECTOR	1 00	Х						0	0	0
(8) NICOLE M CHESTANG DIRECTOR	1 00	Х						0	0	0
(9) MARY GWEN WHEELER DIRECTOR	1 00	Х						0	0	0
(10) Vikki Katz DIRECTOR	1 00	Х						0	0	0
(11) Barbara McDaniel DIRECTOR	1 00	Х						0	0	0
(12) JESSIE HARDISON CFO	40 00			x				97,955	0	9,337
(13) Josh Cramer Vice President	40 00					×		121,952	0	10,534
(14) Shea Coughlin VP External Affairs	40 00					×		105,467	0	9,744
				_		<u> </u>		ı		Form <b>990</b> (2018)

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι an of	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	-,,	-,,	related organizations

	र्ग		πed		
				_	
			_		

1b Sub-Total	art VII <b>, Section</b>	Α		<b>*</b>		593,884	0		47,387
Total number of individuals (including of reportable compensation from the compensation from the compensation)	but not limited	to thos		e) who	rece	eived more than \$	100,000		
								Yes	No

c ·	Total from continuation sheets to Part VII, Section A			47.207
	Total (add lines 1b and 1c)	U .		47,387
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	ı
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		No

5 | Nο

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

**(C)** Compensation

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(B)

Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1 from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address

compensation from the organization ▶ 0

Part		Statement of	Revenue									rage <b>3</b>
				a respo	onse or note to any	/ line in th	nis Part VIII					🗆
						(,	<b>A)</b> evenue	Rel e> fu	(B) ated or sempt nction	Un bı	(C) irelated isiness evenue	(D) Revenue excluded from tax under sections
	12	a Federated campaigi	ns	1a	56,327			re	venue	<u> </u>		512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b	<u>,                                    </u>							
iral 10u		c Fundraising events		1c								
s, G An		d Related organization		1d	<u> </u>							
er Eite		e Government grants (co			1 064 039							
S, ( III				1e	1,064,038							
ion I S	1	f All other contributions, and similar amounts no		1f	2,948,749							
bet the	١.	above  g Noncash contribution	ne included									
Contributions, Gifts, Grants and Other Similar Amounts	'		ons included									
Cont and		<b>h Total.</b> Add lines 1a-	-1f		🕨		4,069,114					
					Busines	s Code	· · ·					
1	2a	Training Income				611710	3,	262,586	3,26	52,586		
	Ь	Other Income				900099		173,949	17	73,949		
Service Revenue	c	Publication Income				511190		1,827		1,827		
ě						311130						
S E	d e	<del>-</del>										
Program	_	All other program se										
8		, -			3,	438,362						
•		Total. Add lines 2a-2				1						T
	. <b>د</b> .	Investment income (ir similar amounts)  .	· · · ·	•nus, i	interest, and other	• <u> </u>	258,86	0				258,860
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds	•						
	5	Royalties				<u> </u>						
	<i>-</i>	Cuana namba	(ı) Rea		(II) Personal	_						
	oa	Gross rents										
	b	Less rental expenses										
	_	: Rental income or				-						
	•	(loss)										
	d	Net rental income of	r (loss)	•								
	_	Constant	(ı) Securit	ies	(II) Other	_						
	7a	Gross amount from sales of	$\epsilon$	95,904								
		assets other than inventory										
	ь	Less cost or				1						
		other basis and sales expenses	2	64,934	25,17	74						
		Gain or (loss)		30,970	-25,17	'4						
		Net gain or (loss) .			<b>•</b>		405,79	6				405,796
a	8a	i Gross income from fo (not including \$	_	ents of								
Other Revenue		contributions reporte			]							
e e		See Part IV, line 18				4						
۳		Less direct expense: : Net income or (loss)		<b>b</b> sına ev	ents 🕨							
ţ.		Gross income from g		_		1						
0		See Part IV, line 19		_	]							
	h	Less direct expense:	_	a		4						
		: Net income or (loss)		<b>b</b> activit	les							
		Gross sales of invent										
		returns and allowand	es	_	]							
	h	Less cost of goods s	·old	a b		-						
		: Net income or (loss)										
-	_	Miscellaneous		ilivelii	Business Code							
ŀ	11	.a				1						
	b	,										
	c	:										
	d	All other revenue .				1						
	e	Total. Add lines 11a	-11d		•							
	12	. <b>Total revenue.</b> See	Instructions					_		_		
							8,172,13	2	3,438,36	2		664,656 Form <b>990</b> (2018)

For	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	-	·	, ,	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,001,966	1,001,966		
2	Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	399,946	260,485	81,990	57,471
6	Gompensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,542,636	1,656,016	521,249	365,371
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	122,629	79,868	25,139	17,622
9	Other employee benefits	164,141	80,634	49,094	34,413
10	Payroll taxes	223,034	145,262	45,723	32,049
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal	3,015	820		2,195
	c Accounting	26,700		26,700	
	d Lobbying	8,250	8,250		
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees	34,884		34,884	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,331,731	1,737,538	267,290	326,903
12	Advertising and promotion	128,543	84,908	808	42,827
13	Office expenses	167,248	138,488	20,375	8,385
14	Information technology	160,948	58,554	99,642	2,752
15	Royalties				
16	Occupancy	182,512	160,994	14,856	6,662
17	' Travel	687,338	605,458	28,751	53,129
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	475,897	461,804	4,799	9,294
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,185	33,683	3,108	1,394
23	Insurance	32,750	28,889	2,666	1,195
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				

275,282

65,817

32,758

9,106,210

275,282

50,627

30,826

6,900,352

5,342

1,232,416

9,848

1,932

973,442

Form **990** (2018)

expenses on Schedule O )

**b** Professional Developmen

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

a Publication Production

c Other Expense

e All other expenses

d

Form	1 990	(2018)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any l	ine in this Part IX			🗆
		•			(A) Beginning of year		(B) End of year
	_	Cook was when the basin o			500	1	500
	1	Cash-non-interest-bearing		<u> </u>	4,188,231		2,288,312
	2	Savings and temporary cash investments			4,100,231	2	2,266,312
	3	Pledges and grants receivable, net		_	105 500	3	242.074
	4	Accounts receivable, net			495,508	4	810,074
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa	ated empl	oyees Complete		5	
	6	Part II of Schedule L	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in sectio	n 4958(c)	(3)(B), and			
		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations				6	
S		Part II of Schedule L					
ssets	7	Notes and loans receivable, net				7	
18	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges			36,370	9	18,405
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	943,286			
	ь	Less accumulated depreciation	10b	847,215	134,256	<b>10</b> c	96,071
	11	Investments—publicly traded securities .			9,010,914	11	9,563,726
	12	Investments—other securities See Part IV, line	11			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,435,279	15	1,396,001
	16	Total assets.Add lines 1 through 15 (must equ	ial line 34	)	15,301,058	16	14,173,089
	17	Accounts payable and accrued expenses		117,845	17	388,560	
	18	Grants payable				18	
	19	Deferred revenue			792,315	19	329,454
	20	Tax-exempt bond liabilities		🕇		20	
ıΛ	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ap		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
		Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa			63,430	25	50,539
	23	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D					
	26	Total liabilities. Add lines 17 through 25	1		973,590	26	768,553
Š		Organizations that follow SFAS 117 (ASC 9	58), che	ck here ▶ ☑ and			
Balance	27	complete lines 27 through 29, and lines 33 Unrestricted net assets			9,039,282	27	7,288,384
Bal	28	Temporarily restricted net assets			3,852,907	28	4,720,151
	29	Permanently restricted net assets	1,435,279	29	1,396,001		
Fund		Organizations that do not follow SFAS 117	(ASC 95	3),			
o		check here $\blacktriangleright$ $\Box$ and complete lines 30 th		1.			
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or ed	quipment	fund		31	
As	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Ket	33	Total net assets or fund balances		[	14,327,468	33	13,404,536
_							

34

14,173,089

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15,301,058

34

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

**EIN:** 61-1159549

Inc

Form 990 (2018)

is focused on both child and adult outcomes

Form 990, Part III, Line 4a:

Software Version:

Name: National Center for Families Learning

Family Literacy ProgramsNCFL's family literacy programs operate under the traditional, four component family literacy model and is federally defined. Family literacy includes

adult education, early childhood education, parent education, and interactive parent-child activities. This place-based model is built on intensity and duraction of services and

# Form 990, Part III, Line 4b: Family and Child Education Program (FACE)The Family and Child Education (FACE) program serves American Indian families with children prenatal through 3rd grade by providing comprehensive family literacy services that include early childhood education, adult education, and parenting education NCFL has contracted with the Bureau of

today in 44 BIE schools on reservations across the nation

Indian Education (BIE) to provide training/technical assistance to programs for more than 25 years. FACE has served nearly 45,000 participants since its inception and exists

SCHEDULE A (Form 990 or con 990EZ)			plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the sternal Revenue lame of the	Service	ion	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Inspection
ational Center nc							61-1159549	
Part I	Reason f	or Public (	Charity Stat	<b>us</b> (All organization	s must comple	ete this part.) S		
e organizat	ion is not a	private foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
1 🗆 /	A church, co	nvention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2 🗹 🕹	A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗆 <i>f</i>	A hospital o	r a cooperati	ve hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
	A medical re name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
	-	tion operated <b>iv).</b> (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
_ '			•	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	\)(v).	
			mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described in
B 🗆 🗡	A communit	y trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	II )		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
□ f	rom activit nvestment	es related to income and i	ıts exempt fur unrelated busır	(1) more than 331/39 actions—subject to cer- less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).	
r	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
	<b>Type I.</b> A s organization	upporting org	ganızatıon oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
r	managemei	nt of the supp		ervised or controlled i ation vested in the sar and C.				
		•	_	supporting organizatio	•	•	, -	ated with, its
ı 🗆 1	Type III no unctionally	on-function integrated	ally integrate The organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	Check this b	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
<b>f</b> Enter t	he number	of supported	organizations	integrated supporting	-			
	the follow me of supp			ipported organization(		anization listed	(w) Amount of	(vii) Amount of
	rganization	ortea	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
tal								
	rk Doduct	ion Act Not	ice see the I	structions for	I Cat No 1128!	5F .	 Schedule A (Form 9	90 or 990-F7\ 201

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

### **Additional Data**

# Software ID: Software Version:

**EIN:** 61-1159549

Name: National Center for Families Learning
Inc

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE C** 

(Form 990 or 990-

Department of the Treasury

EZ)

## **Political Campaign and Lobbying Activities**

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

DLN: 93493135015510

OMB No 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Intern	al Revenue Service				Inspection
		on Form 990, Part IV, Line 3, or Form		ie 46 (Political Campaig	gn Activities), then
		omplete Parts I-A and B Do not comple		Do not consider Dort	D.
	Section 501(c) (other than section Section 527 organizations. Comple	501(c)(3)) organizations Complete Pa ete Part I-A only	πs I-A and C below	Do not complete Part I-	В
If the	e organization answered "Yes" o	on Form 990, Part IV, Line 4, or Form			
		at have filed Form 5768 (election under			
		at have NOT filed Form 5768 (election on Form 990, Part IV, Line 5 (Proxy T			
(Pro	xy Tax) (see separate instruction	ns), then	un, (see separate i		00 LL, 1 art 1, mie 000
	Section 501(c)(4), (5), or (6) organ	ızatıons Complete Part III		T=	
	me of the organization ional Center for Families Learning			Employer ic	lentification number
Inc				61-1159549	
Par	t I-A Complete if the orga	anization is exempt under sect	ion 501(c) or is	a section 527 orga	nization.
1	Provide a description of the orga "political campaign activities")	inization's direct and indirect political c	ampaign activities ii	n Part IV (see instruction	is for definition of
2	Political campaign activity expen	ditures (see instructions)		•	\$
3		paign activities (see instructions)			
Par	t I-B Complete if the orga	anization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise	tax incurred by the organization under	section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	tax incurred by organization managers	under section 4955	•	\$
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720 fo	r this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par		anization is exempt under sect			3).
1	, ,	ded by the filing organization for section	'		\$
2	Enter the amount of the filing or function activities	ganızatıon's funds contributed to other	organizations for se	ection 527 exempt ▶	\$
3	Total exempt function expenditu	res Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file Fo	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) or each organization listed, enter the ard that were promptly and directly deliventee (PAC). If additional space is needed	mount paid from the ered to a separate p	e filing organization's fun political organization, suc	nds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds If none, enter	
				-0-	directly delivered to a
					separate political
					organization If none, enter -0-
1					
2					
3					
4					
5					
_			1	1	1

Page 2

Schedule C (Form 990 or 990-EZ) 2018

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Total lobbying expenditures to influence a legislative	8,250		
Total lobbying expenditures (add lines 1a and 1b)	8,250		
Other exempt purpose expenditures	9,063,076		
Total exempt purpose expenditures (add lines 1c and	d 1d)	9,071,326	
Lobbying nontaxable amount Enter the amount fror columns	n the following table in both	603,566	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		

from line la lf zero or less, enter -( i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

461,845

8,250

115,461

**(b)** 2016

475,656

8,250

118,914

(c) 2017

493,151

9,000

123,288

(d) 2018

603,566

8,250

150,892

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

2,034,218

3.051.327

33,750

508,555

762,833

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

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**Supplemental Financial Statements** 

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

▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493135015510

Internal Revenue Service

(Form 990)

Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** National Center for Families Learning 61-1159549 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Par	t IIII	Organizations Ma	intaining Col	lections of Art,	Histori	ical T	reas	ures, or Ot	her S	imilar Ass	ets (c	ontinued)	
3	Usıng ıtems	the organization's acquicked (check all that apply)	uisition, accession	n, and other records	s, check	any of	the fo	ollowing that	are a s	significant use	e of its	collection	
а		Public exhibition			d		Loar	n or exchange	progr	ams			
b		Scholarly research			е		Othe	er					
c		Preservation for future	generations										
4	Provid Part >	de a description of the c	organization's coll	ections and explair	n how the	ey furtl	her th	ie organizatio	n's exe	empt purpose	e in		
5		g the year, dıd the orga s to be sold to raise fun								lar	☐ Ye	s □ı	No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			orm 990	), Part	IV, I	ıne 9, or rep	oorted	d an amoun	t on F	orm 990	, Part
1a		e organization an agent, ded on Form 990, Part X		an or other interme	diary for	contri	bution	ns or other as	sets n	i	☐ Ye	s 🗆 ı	No
ь	If "Y∈	es," explain the arrange	ment ın Part XIII	and complete the f	following	table				Am	ount		
c	Begin	ning balance						10	:				_
d	Addıt	ions during the year						<b>1</b> d					_
е	Dıstrı	butions during the year						1e	:				
f	Endın	g balance						1f					
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, line	21, for	escrov	v or c	ustodial accou	ınt lıak	oility?	☐ Ye	s 🗆 i	— No
Ь		s," explain the arranger									_		
	rt V	Endowment Fund											
				(a)Current year		rior yea		(c)Two years		(d)Three years		(e)Four ye	ars back
<b>1</b> a	Beginn	ing of year balance .		10,446,193		9,776	5,250	8,72	4,185	9,14	10,276	ç	,186,045
b	Contrib	outions											
С	Net inv	estment earnings, gain	s, and losses	611,942		764	1,216	1,18	5,447		3,122		347,609
d	Grants	or scholarships											
е		expenditures for facilitie ograms	es	98,408		94	<b>1</b> ,273	13	3,382	41	.9,213		393,378
f	Admını	strative expenses .											
g	End of	year balance		10,959,727		10,446	5,193	9,77	6,250	8,72	4,185	9	,140,276
2	Provid	de the estimated percer	ntage of the curre	nt year end balanc	e (line 1	g, colu	mn (a	a)) held as					
а	Board	d designated or quasi-er	ndowment 🟲	87 260 %									
Ь	Perm	anent endowment 🕨	12 740 %										
С	Temp	orarily restricted endow	vment ▶										
	The p	ercentages on lines 2a,	2b, and 2c shou	ld equal 100%									
3а		nere endowment funds i	not in the posses	sion of the organiza	ation tha	t are h	eld ar	nd administer	ed for	the			
	-	nization by										Yes	No
		related organizations				•						(ii) Yes	No
ь		elated organizations     . s" on 3a(ii), are the rela			 Lon Sche	 edule R	?					3b	110
4		tibe in Part XIII the inte					•						<u> </u>
	rt VI	Land, Buildings,											
		Complete of the org			orm 990	), Part	IV, ا	ıne 11a. Se	e Forr	n 990, Part	X, lın	e 10.	
	Descri	ption of property	(a) Cost or oth (Investme		st or other	basis (	other)	(c) Accumul	ated de	epreciation	(-	<b>d)</b> Book val	ue
1a	Land												
	Buildin					39	97,645	;		397,645			0
		old improvements						1					
		nent				54	45,641			449,570			96,071
	Other	F											
		lines 1a through 1e <i>(Co</i>	lumn (d) must ed	qual Form 990, Pari	t X, colui	mn (B)	, line	10(c)).	•				96,071

	Form 990) 2018					Page <b>3</b>
Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	janiza	(b) Book	(c)	rm 990, Part I Method of valua end-of-year mar	ition
(4) [	· · · · · · · · · · · · · · · · · · ·		value			
<ul><li>(1) Financia</li><li>(2) Closely-l</li><li>(3)Other</li></ul>	held equity interests	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form S	990, F	Part IV, lıı	ne 11c. See Form	990, Part X, I	ine 13.
			ook value	(c)	Method of valua end-of-year mar	ition
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d See I		K, line 15 <b>b)</b> Book value
(1) Commun (2)	ıty Foundation of Louisville					1,396,001
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )				. •	1,396,001
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability	red 'Y		rm 990, Part IV, I	ine 11e or 11f	
(1) Federal II			(6)	OOK VAIGE		
Capital Lease	e Liability			50,539		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		50,539		
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo			ganızatıon's fınancıa		
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740) C	_heck h	nere if the	text of the footnote	nas been provid	led in Part XIII 🔽

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c

2a

2a 2b

2c

2d

4a

4b

Explanation

11.146

25,174

34,884

2e

3

4c

5

Page 4

8,173,568

11,146

9,710

8,172,132

9,096,500

25,174

34,884

9.106.210

Schedule D (Form 990) 2018

9,071,326

d 2d 2e e

3 3 8,162,422 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 34,884

4b -25,174

Add lines **4a** and **4b** . . . . . . . 4c

b

c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

c Other (Describe in Part XIII ) . . . . . Add lines 2a through 2d . . . . . .

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

Donated services and use of facilities . . .

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2018

Part XI

Part XII

1

2

а

d 3 

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

4 Investment expenses not included on Form 990, Part VIII, line 7b . .

b

Return Reference

See Additional Data Table

**Supplemental Information** 

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

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 61-1159549

Name: National Center for Families Learning Inc

**Supplemental Information** 

Return Reference Explanation

Part X, Line 2 The Center is exempt from federal income taxes as an organization described under Section 501(c)(3) of the Internal Revenue Code and is classified as an organization that is not a private foundation Accordingly, no provision is made for income taxes in the financial st atements

upplemental Information		
Return Reference	Explanation	
Part XI, Line 4b - Other Adjustments	Loss on Disposal of Fixed Assets -25,174	

Sι

Supplemental Information		
Return Reference	Explanation	
Part XII, Line 2d - Other Adjustments	Loss on disposal of Fixed Assets 25,174	

-

upplemental Information	
Return Reference	Explanation
Part V, Line 4	Explanation The intended use of the organization's endowment funds is to support operations

Sι

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	Explanation NCFL has received a determination from the Internal Revenue Service indicatin g that it is exempt from income taxes under Internal Revenue Code Section 501(C)(3) and is classified as an organization that is not a private foundation. Accordingly, no provision is made for income taxes in the financial statements.

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135015510 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** National Center for Families Learning 61-1159549 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

pedule E (Form 990 or 990EZ) (2018)				
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)				
Return Reference	Explanation			
Schedule E, Part I, Line 3	Policy is disseminated through the proposal system for applicable program solicitations			
	Schedule E (Form 990 or 990-EZ) (2018)			

DLN: 93493135015510 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number National Center for Families Learning 61-1159549 Inc Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
		Domestic Individu	als. Complete if the orga	anızatıon answered "Yes'	on Form 990, Part IV, line 22	-
(a) Type of grant or a	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1)						
2)						
3)						
4)						
5)						
(6)						
(7)						
Part IV Supplemen	ital Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanati	Explanation				
Part I, Line 2		Literacy Program Grants - Each grantee submits annual reporting to the organization detailing uses and amounts of funds used as compared to the project budget and status of program deliverables. In addition, twice yearly in-person technical assistance visits and data collection report on program progress and next-steps occur				

Schedule I (Form 990) 2018

## **Additional Data**

			_	Families Learning			
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2Not1 Fatherhood & Family PO Box 2791 Louisville, KY 40201	26-2914155	501C(3)	50,000				Literacy
Academy of Music Production Educational Dev 4425 Greenwood Avenue Louisville, KY 40211	47-1113120	501C(3)	50,000				Literacy

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Adelante Muieres 03-0473181 501C(3) 45.000 Literacy 2036 Main St Ste A Forest Grove, OR 97116

60,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

Catholic Charities of Louisville

2911 South 4 th Street Louisville, KY 40205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 13-1623989 501C(3) 45.000 Literacy

45.000

Fast Side House Inc. 337 Alexander Avenue Bronx, NY 10454

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Public School

Genesse Intermediate SchDist

2413 W Maple Ave Flint, MI 48507

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Guilford Child Development 56-0863474 501C(3) 45.000 Literacy 1200 Arlington St Greensboro, NC 27406 Jefferson County Public 61-1021128 501C(3) 160.250 Literacy Education Foundation

3332 Newburg Road Louisville, KY 40218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 75-2726296 501C(3) 56.250 Jubilee Park and Community Literacy Center Corporation PO Box 710759 Dallas, TX 75371

21.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Public School

Oakland Unified School District

1000 Broadway Suite 680 Oakland, CA 94607

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Pine Ridge School 46-0398405 public School 5.000 Literacy 47-4155748 501C(3) 37.500 Literacy

PO Box 1202 101 Thorpe CIrcle Pine Ridge, SD 57770 Smoketown Family Wellness Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

760 S Hancock St Suite B100 Louisville, KY 40203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance The Educational AllianceInc 13-5562210 501C(3) 45.000 Literacy 197 E Broadway New York, NY 10002

New York, NY 10002

The Family Resource Ctr NE MS 42,000 Literacy
425 Magazine Street

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tupelo, MS 38804

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-0444771 501C(3) 50.000 The Louisville Urban League Literacy Inc 1535 W Broadway Louisville, KY 40203

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

Toberman Neighborhood

Center Inc 131 N Grand Ave San Pedro, CA 90731

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 75-2706992 501C(3) 56.250 Vickery Meadow Learning Literacy Center DBA Literacy Achievers 4144 N Central Expwv Ste 702 Dallas, TX 75204

56.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

Voice of Hope Ministries

4120 Gentry Drive Dallas, TX 75212

efil	e GRAPHIC pi	int - DO NOT PROCESS As Filed Data	-	DLN: 934	9313	5015	510	
Schedule J		Compensatio	on Information	ОМ	B No	1545-0	)047	
(For	n 990)	For certain Officers, Directors, Tru		18				
	Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
_	▶ Attach to Form 990.							
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for in	istructions and the latest inform	nation.		o Put ectio		
	ne of the organizational Center for Fam			Employer identificat	ion nu	ımber		
Inc	onal Center for Fam	nes Learning		61-1159549				
Pa	rt I Questi	ons Regarding Compensation						
						Yes	No	
1a		piate box(es) if the organization provided any of the ection A, line 1a Complete Part III to provide any r						
			lousing allowance or residence for					
	_	·	Payments for business use of persoi					
		· · · · ·	Health or social club dues or initiation Personal services (e.g., maid, chauf					
	L Discretion	ary spending account	rersonal services (e g , maid, chadi	reur, crier)				
b		es in line 1a are checked, did the organization folk Il of the expenses described above? If "No," comple		nent or reimbursement	<b>1</b> b	Yes	L	
2		ition require substantiation prior to reimbursing or es, officers, including the CEO/Executive Director, i		152	2	Yes		
	unectors, truste	es, officers, including the CEO/Executive Director, i	regarding the items checked in line	: та,				
3		If any, of the following the filing organization used in EO/Executive Director Check all that apply Do not		ne				
	_	d organization to establish compensation of the CE	,	n Part III				
	Compens:	ation committee W	Vritten employment contract					
			Compensation survey or study					
		·	Approval by the board or compensa	tion committee				
4	During the year related organiza	did any person listed on Form 990, Part VII, Secti	ion A, line 1a, with respect to the fi	ling organization or a				
	_						1	
a L		ance payment or change-of-control payment?	ad vaturament plan?		4a 4b		No	
b c							No No	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III								
_		), 501(c)(4), and 501(c)(29) organizations m	-					
5		ed on Form 990, Part VII, Section A, line 1a, did the ontingent on the revenues of	e organization pay or accrue any					
а	The organization	٦٦			5a		No	
b	Any related orga				5b		No	
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of	e organization pay or accrue any					
a	The organization				6a		No	
b	Any related orga	anization? 6a or 6b, describe in Part III			6b		No	
7	•	·	o organization provide any newfice	-				
7		ed on Form 990, Part VII, Section A, line 1a, did the escribed in lines 5 and 6? If "Yes," describe in Part		u	7		No	
8		nts reported on Form 990, Part VII, paid or accured itial contract exception described in Regulations se		escribe	8		No	
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebuttable pr	resumption procedure described in	Regulations section	9			
For E	Danarwork Badı	ction Act Notice, see the Instructions for Forn	m 990 Cat No. 5	0053T Schedule 1	(Form	990)	2018	

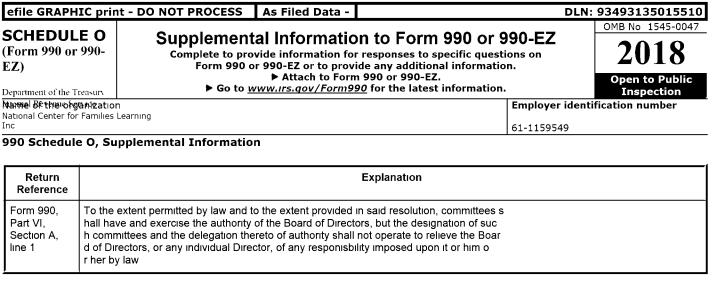
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title			n of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
CUARON DARLING	<del></del> ′	200 510	<u> </u> '	compensation	<del>                                     </del>	<u> </u>	<del> </del>	
1 SHARON DARLING PRESIDENT AND FOUNDER	(i)	268,510	.   0	0	13,740	4,032	286,282	0
<u> </u>	(ii)	0	0	0	0	0	0	0
1	<u></u>		<u> </u>			-		1
	<u></u>		<u>'</u>	1			<u> </u>	1
J	<u></u>		<u> </u>	1			<u> </u>	1
	<u></u>   '			<u> </u>			<u> </u>	1
	<u></u>		!					
	<u>_</u> _'						<u> </u>	
	T'							
			1					
			,					
4								

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

line 11b

Form 990,
Part VI,
Section B.

Explanation A draft Form 990 is provided to the audit/finance committee of the Board of D irrectors for review and approval to be filed. A final copy of the Form 990 is provided to the governing body prior to filing for informational purposes.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	Explanation The organization requires annual reporting on compliance to the conflict of i
Part VI,	nterest policy. The audit/finance committee reviews any exceptions. If a conflict arises,
Section B,	the respective board member is required to abstain from the related discussion, vote or si
line 12c	milar action on the matter

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 15

Explanation The organization benchmarks with other similar size organizations using their
Form 990's and salary surveys An annual review by the Board of Directors in executive se
ssion is documented in separate minutes

Return Explanation
Reference

line 18

Form 990,
Part VI,
Section C,
I ct of interest policy are available upon request

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C.

Governing documents and conflict of interest policy are available upon request

Return Explanation

11g

Form 990,
Part IX, line

Contract Labor Program service expenses 1,737,538 Management and general expenses 267,29

O Fundraising expenses 326,903 Total expenses 2,331,731