EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2018 calendar year, or tax year beginning J	UL 1, 2018 and	ending J	UN 30, 2019					
В	heck if pplicable:	C Name of organization			D Employer identific	cation number				
0										
	Address change	CHILDREN'S LITERACY IN	TIATIVE							
	Name change	Doing business as			23-2	515768				
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe					
	Final return/	990 SPRING GARDEN STREE	T	400	215-	561-4676				
1,17	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$ 34,935,470.					
	Amende	PHILADELPHIA, PA 19123	3		H(a) Is this a group return					
	Applica-	F Name and address of principal officer: JOE:	L ZARROW		for subordinates	? Yes X No				
	pending	SAME AS C ABOVE			H(b) Are all subordinates in					
$\overline{\mathbf{L}}$	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.)	or 527	If "No," attach a	list. (see instructions)				
JI	Vebsite	:▶ WWW.CLI.ORG			H(c) Group exemptio					
KF	orm of o	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 1988 N	A State of legal domicile; PA				
Pa		Summary								
•	1 E	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O FOR THE	3				
ű	,,	ORGANIZATION'S MISSION STA	TEMENT.							
rna	2 (Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its net ass					
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	15				
Ğ		lumber of independent voting members of the gov				14				
es &		otal number of individuals employed in calendar y				304				
V, Ť,		otal number of volunteers (estimate if necessary)				0				
Activities & Governance		otal unrelated business revenue from Part VIII, col			Drawnochia northwater	0.				
_	b	let unrelated business taxable income from Form	990-T, line 38			30,860.				
				_	Prior Year	Current Year				
<u>o</u>		Contributions and grants (Part VIII, line 1h)			8,298,076.	9,561,868.				
enc		•			16,277,779.	24,009,558.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			102,888. 32,538.	36,967. 69,346.				
_	100000	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			24,711,281.	33,677,739.				
_		otal revenue - add lines 8 through 11 (must equal			0.	0.				
		Grants and similar amounts paid (Part IX, column (A			0.	0.				
		Benefits paid to or for members (Part IX, column (A		77.000000000000000000000000000000000000	16,661,859.	20,933,974.				
es		Salaries, other compensation, employee benefits (F			0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), li	4 4 7 7 9		0.					
ξxb		otal fundraising expenses (Part IX, column (D), line			8,441,196.	10,433,228.				
-		Other expenses (Part IX, column (A), lines 11a-11d, otal expenses. Add lines 13-17 (must equal Part I)			25,103,055.	31,367,202.				
	100			SOURCE CONTRACT CONTRACTOR	-391,774.	2,310,537.				
10		Revenue less expenses. Subtract line 18 from line	(E	The state of the s	ginning of Current Year	End of Year				
d Str	20 T	otal assets (Part X, line 16)		100	9,287,282.	12,538,618.				
Rais	21 1	otal liabilities (Part X, line 26)			2,213,952.	3,112,244.				
Net Assets (22 1	let assets or fund balances. Subtract line 21 from	line 20	*********	7,073,330.	9,426,374.				
	rt II	Signature Block	III.10 CO							
		ies of perjury, I declare that I have examined this return,	including accompanying schedule	es and stateme	nts, and to the best of my	knowledge and belief, it is				
		and complete. Declaration of preparer (other than office								
	T	1 (d) 7->>	***		12/0	119				
Sig	ո	Signature of office			Date '	1 - 1				
Her			CUTIVE OFFICER							
		Type or print name and title		- Veri						
		Print/Type preparer's name	Preparer's signature. Mat		Date Check Check	PTIN				
Paid	ı E	HELEN M MARTIN	fro [11. 111al	_ [1	2/12/2019 if self-employ					
Prep		Firm's name EISNERAMPER LLP		0.0	Firm's EIN ▶	13-1639826				
Use	Only	Firm's address 130 NORTH 18TH ST	TREET, SUITE 30	υÜ		15) 001 0000				
-		PHILADELPHIA, PA			Phone no. (2					
May	the IR:	S discuss this return with the preparer shown above	re? (see instructions)			X Yes No				

including grants of \$

27,433,511.

Form 990 (2018)

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

Form 990 (2018) CHILDREN'S LITERACY INITIATIVE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8	_	<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9	_	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ۱		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		4	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	•	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X

Pai	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
22		22		x			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v				
	Schedule J	23	_X_	_			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	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					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou					
b							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x			
	Schedule L, Part I	25b		<u> </u>			
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? f "Yes,"						
	complete Schedule L, Part II	26		X			
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						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	100		541			
	instructions for applicable filing thresholds, conditions, and exceptions):	E.					
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	_				
С		28c		X			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v			
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations?						
	If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34		X			
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555					
36		36		х			
	If "Yes," complete Schedule R, Part V, line 2	30					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	=	X			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		~				
	Note. All Form 990 filers are required to complete Schedule O	38	X	-			
Pai				-			
	Check if Schedule O contains a response or note to any line in this Part V						
	¥ . ¥		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	20					
-	(gambling) winnings to prize winners?	1c	X				
83200	4 12-31-18	Form	990	(2018)			

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	_
	7 70		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 30	1	7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Ι.		.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	1	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	_	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?	OD		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a		х
a		7b	_	
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		_
С	to file Form 8282?	7c		x
d		,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	HE		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1,21		0.7
а	Initiation fees and capital contributions included on Part VIII, line 12	J. L.		811
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1.3	
11	Section 501(c)(12) organizations. Enter:	8	1,14	31
а	Gross income from members or shareholders 11a		EB	$^{\circ}$
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	17		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10.5		7 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Y	
	organization is licensed to issue qualified health plans	- Pi		
	Enter the amount of reserves on hand	1		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х
	excess parachute payment(s) during the year?	15		21
46	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?	16		Х
16	If "Yes," complete Form 4720, Schedule O.	10		
	n 169, complete totti 4720, conedule o.	Forn	n 990	(2018)
				\·~/

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

	Check if Schedule O contains a response or note to any line in this Part VI	********	00000	X
Sec	tion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
Id	If there are material differences in voting rights among members of the governing body, or if the governing		-75	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
			100	V ₁
	Little title flutiliber of voting frienders molades in the 12, 250 vo, who are market and			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		Х
	officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	De	
		8a	х	
_	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	ļ,,	Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			227
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			LO T
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	X	
10	Did the organization have a written whistleblower policy?	13	Х	
13	Did the organization have a written document retention and destruction policy?	14	Х	
14			N.	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
а	The organization's CEO, Executive Director, or top management official			_
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		SIL	7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA, IL, DC, MD, MA, NJ, NY, CO, FL,	TX		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availat	ole
.5	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
46	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
19		idi iC	1541	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records		_	
	JOEL ZARROW, CHIEF EXECUTIVE OFFICER - 215-561-4676			
	2314 MARKET STREET, PHILADELPHIA, PA 19103	_	000	

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((Pos	C) ition			(D)	(E)	(F)
Name and Title	Average		not c	heck i	more	than o		Reportable	Reportable compensation	Estimated
	hours per week					s both r/trust		compensation from	from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensal		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID BLOOM	0.50	=	-	0_	~	# 6	ű,			
CHAIRPERSON		х		х				0.	0.	0 .
(2) GERALD MOSELY	0.50									
VICE-CHAIR		X		X				0.	0.	0 .
(3) MARY KLEIN	0.50									0
SECRETARY		X		X	_			0.	0.	0.
(4) VICTORIA RAIVITCH	0.50	1,,		37				0.	0 .	0.
TREASURER	0.50	X		Х	-		_	0.	0.	0.
(5) RICHARD BERKMAN	0.50	x						0.	0.	0.
MEMBER (6) JOHN BONOW	0.50	^					_	0.	0.	
MEMBER	0.50	X						0.	0.	0.
(7) BONNIE GREENBERG	0.50	1							-	
MEMBER	0,130	x						0.	0.	0.
(8) NELSON FLORES	0.50									
MEMBER	7	Х						0.	0.	0.
(9) JACKIE WOOLLEY	0.50									
MEMBER		X						0.	0.	0.
(10) CHRISTINE BECK	0.50							_		•
MEMBER		X		_				0.	0.	0.
(11) SUSAN B. SMITH	0.50							0	0	0
MEMBER	0.50	X		-				0.	0.	0 .
(12) ELIZABETH PILACIK	0.50	x						0.	0.	0.
MEMBER	0.50	1-	H			H		0.	0.	0.
(13) JONATHON RISCH MEMBER	0.30	x						0.	0.	0.
(14) ADAM SPECTOR	0.50	121							J.	
MEMBER	0.50	x						0.	0.	0.
(15) JOEL ZARROW	40.00	Ħ								
MEMBER/CEO		x		x				276,735.	0.	19,290.
(16) REINA PROWLER	40.00									
CHIEF FINANCIAL OFFICER				Х				162,837.	0 •	15,873.
(17) FRANK GROSSMAN	40.00									
CHIEF ACADEMIC OFFICER					X			233,165.	0 *	8,195

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(A)	(B) Average			(C Pos		ı		(D) Reportable	(E) Reportable	,	Fe	(F) timat	od.
Name and title	hours per					than o		compensation	compensation			nount	
	week					r/trus		from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	9			ated		organization	(W-2/1099-MI	SC)		om th	
	related organizations	ustee	truste		e,	suadı		(W-2/1099-MISC)				aniza d rela	
	below	ual tr	tional		nploye	st con	<u>_</u>					anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former						
(18) PAT FEDERMAN	40.00							455 600		•	4		
LEAD REGIONAL MANAGER						X	_	155,608.		0.		5,6	<u>57.</u>
(19) CARYN HENNING	40.00					[1.45 610		_	1		
DIRECTOR OF PROFESSIONAL DEVELOPMENT	40.00	_			-	X	-	145,610.		0.		5,3	<u>57.</u>
(20) JILL VALUNAS	40.00					,,		151 667		0	1		20
REGIONAL EXECUTIVE DIRECTOR	40.00	_				X	-	151,667.		0.		o, o	39.
(21) MARY LIST	40.00					ν,		127 510		0.	1	1 0	15
REGIONAL EXECUTIVE DIRECTOR	40.00	-				Х	-	127,518.		0 •	т.	± , o	15.
(22) FRANCESCA CERABINA	40.00					x		119,599.		0.	1.	1 - 5	76.
REGIONAL MANAGER		_		-		_	-	119,333.		0.		±, 5	70.
		_		-			-						
5		-											
U.S. Company			\vdash							-			
	-												
1b Sub-total	7. 77			eres.				1,372,739.		0.	11:	9,3	02.
c Total from continuation sheets to Part VI								0.		0.			0 .
d Total (add lines 1b and 1c)								1,372,739.		0.	11	9,3	02.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable	е			
compensation from the organization													17
1000										8		Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated er	mployee on		19		
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										man	4	<u>X</u>	
5 Did any person listed on line 1a receive or a												-	77
rendered to the organization? If "Yes." com	plete Schedule	⊋ J f	or st	ıch ı	pers	on .	(43)				5		X
Section B. Independent Contractors			- 1.				41		100 000 of oom		tion fro		
1 Complete this table for your five highest co										pensa	tion ire	וזונ	
the organization. Report compensation for	ine calendar ye	eare	riair	ig w	iuri c	or wi	LITH	(B)	ear,		(0	٠,	
(A) Name and business	address							Description of s	ervices	С	ompe	'' nsatic	n
AMERICAN INSTITUTES FOR R			1.0	0.0				ASSESSMENT					
THOMAS JEFFERSON ST NW, W		-						CONSULTANTS			66	2,0	56.
RESEARCH FOR ACTION, 100 SOUTH BROAD								ASSESSMENT					
STREET, SUITE 700, PHILAD		CONSULTANTS			44	6,3	43.						
ETHOSOURCE OFFICE FURNITU								A Control of Control o					
180 GRACE BLVD, MORGANTOW		95	43					OFFICE FURNITURE				0,0	55.
APPS ASSOCIATE LLC							-	IT SUPPORT SERVICES					
40 NAGOG PARK #105, ACTON	<u>MA</u> 01	<u>72</u>	0					FOR SALESFORCE IMPRO			23	7,9	06.
IT DATA, INC, 1628 JFK BO		TECHNOLOGY HARDWARE											
2110, PHILADELPHIA, PA 19		AND IT SUPPORT SERVI				8,0	60.						

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

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\$100,000 of compensation from the organization

CHILDREN'S LITERACY INITIATIVE 23-2515768 Page 9 Form 990 (2018) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b Fundraising events 10 d Related organizations 1d 5,580,323. Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 3,981,545. g Noncash contributions included in lines 1a-1f: \$ 9,561,868. Total. Add lines 1a-1f Business Code 2 a SCHOOL DISTRICT CONTRACTS 900099 24,009,558. 24,009,558 Program Service Revenue f All other program service revenue 24,009,558. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 43,028 43,028 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,251,670. assets other than inventory b Less: cost or other basis 1,257,731 and sales expenses c Gain or (loss) -6,061. -6,061. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 900099 69,346. 69,346. 11 a OTHER INCOME

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36,967.

69,346.

33,677,739.

24,078,904.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Form 990 (2018) CHILDREN'S LITERACY INITIATIVE
Part IX Statement of Functional Expenses

Dou	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			Marie de le constitution de la c	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	661,550.	166,205.	249,079.	246,266
_	trustees, and key employees	001,330.	100,203.	249,019.	240,200
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	16,508,294.	14,214,081.	1,498,816.	795,397
7	Other salaries and wages Pension plan accruals and contributions (include	10,000,2041		1,100,0101	
8	section 401(k) and 403(b) employer contributions)				
_		2,448,516.	2,075,124.	238,704.	134,688
9	Other employee benefits	1,315,614.	1,103,537.	133,140.	78,937
0	Payroll taxes Fees for services (non-employees):	1,313,014.	1,103,337.	133/1101	, 0, 20.
1	Management				
	Legal	27,326.	22,920.	2,767.	1,639
b	Accounting	37,798.	31,704.	3,827.	2,267
d	Lobbying	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,32	
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4,279,568.	4,248,253.	15,608.	15,707
2	Advertising and promotion	31,741.	26,624.	3,214.	1,903
3	Office expenses	715,606.	600,235.	72,460.	42,911
4	Information technology	112,269.	94,169.	11,368.	6,732
5	Royalties				
6	Occupancy	534,066.	427,254.	53,406.	53,406
7	Travel	465,012.	390,042.	47,086.	27,884
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	45,343.	38,033.	4,591.	2,719
3	Insurance	186,043.	156,049.	18,838.	11,156
4	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 expenses on Schedule 0.) BOOKS	2,106,986.	2,106,986.		
a	PROGRAM MATERIALS	956,201.	956,201.		
þ	MAINTENANCE	643,740.	539,954.	65,184.	38,602
d	RECRUITING	281,529.	236,140.	28,507.	16,882
a e		10,000.		10,000.	
5	Total functional expenses. Add lines 1 through 24e	31,367,202.	27,433,511.	2,456,595.	1,477,096
6	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)				

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
Ü	1	Cash - non-interest-bearing			65,436.	1	900.
	2	Savings and temporary cash investments			3,463,738.	2	3,985,949.
	3	Pledges and grants receivable, net			612,877.	3	1,373,415.
- 1	4	Accounts receivable, net			2,408,596.	4	5,112,492.
	5	Loans and other receivables from current and fo	rmer offic	cers, directors,			
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		I	600,935.	8	500,119.
	9	Prepaid expenses and deferred charges			147,388.	9	198,491.
	-	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	532,439.			
	b	and the second s	10b	322,068.	83,987.	10c	210,371.
	11	Investments - publicly traded securities	1,904,325.	11	1,156,881.		
	12	Investments - other securities. See Part IV, line 1		I		12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	l l		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			9,287,282.	16	12,538,618.
	17	Accounts payable and accrued expenses	2,191,094.	17	3,079,224.		
	18	Grants payable		18			
	19	Deferred revenue	1		19		
	20	Tax-exempt bond liabilities		T-		20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers,	directors, trustees,			
ij		key employees, highest compensated employee	s, and di	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ë:	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). ·	Complete Part X of			
		Schedule D			22,858.	25	33,020.
	26	Total liabilities. Add lines 17 through 25			2,213,952.	26	3,112,244.
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and		-1113	
S		complete lines 27 through 29, and lines 33 an	d 34.		F 0.64 F.F.		E E26 000
nce	27	Unrestricted net assets			5,761,557.	27	7,736,822
ala	28	Temporarily restricted net assets		1,311,773.	28	1,689,552.	
<u> </u>	29	41 (4/5(d) (515)				29	
F		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
o		and complete lines 30 through 34.		1		10 KI	
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			7 072 220	32	9,426,374.
Z	33	Total net assets or fund balances			7,073,330.	33	12,538,618.
	34	Total liabilities and net assets/fund balances			5,401,404.	34	Form 990 (2018

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Nan	ne of 1	the organization												
_				ERACY INITIA'					3-2	515768				
_	rt I	Reason for Public (e instructions	i.						
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of chi	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	t)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the ho	ospital's name,				
-		city, and state:	·											
5			or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in					
9		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
7	Δ	-		illiai part of its support i	om a gove	emmemai	unit of nom a	ie general į	Jublic	described iii				
_		section 170(b)(1)(A)(vi). (C		MANAN A Commodate Des	4 II V									
8	=	A community trust describe				1:		l	ه ماله م	-				
9		An agricultural research org								е				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	tne college	or					
	-	university:												
10		An organization that normal	•											
		activities related to its exem												
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	ıfter Ju	ıne 30, 1975.				
	1111	See section 509(a)(2). (Con	mplete Part III.)											
11		An organization organized a												
12		An organization organized a												
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 8	509(a)(3). C	Check	the box in				
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.						
а		Type I. A supporting orga							giving					
		the supported organization								ing				
		organization. You must o												
b		Type II. A supporting org			tion with it	s supporte	ed organizatio	n(s), by hav	ring					
~		control or management of												
		organization(s). You mus						, ,,						
_		Type III functionally inte	-		in connect	tion with a	and functional	ly integrate	d with	1				
С		its supported organization						i, iiiogiaio		••				
		Type III non-functionally	, , ,					ted organis	zation/	'e)				
d														
		that is not functionally int						an attentiv	/enless	•				
	_	requirement (see instructi						U. T III						
е		Check this box if the orga					Type I, Type	ıı, Type III						
		functionally integrated, or		nally integrated supporti	ng organiz	ation.								
f		er the number of supported o			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********								
g		vide the following information		d organization(s).	I divisione nem	anızatıon listed			Lan	Amount of other				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing decument?	(v) Amount of support (see ir	-	1907.0	ort (see instructions)				
		organization		above (see instructions))	Yes	No	aupport (see ii	istructions,	Suppo	ore (accombinations)				
_														

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S LITERACY INITIATIVE 23-2515

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6647606.	5762156.	8737950.	8298076.	9561868.	39007656.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				·		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6647606.	5762156.	8737950.	8298076.	9561868.	39007656.
5	The portion of total contributions	THE PERSON NAMED IN					
	by each person (other than a	1. 1000					
	governmental unit or publicly	Carlo and the			- 1 1 1 m J		
	supported organization) included						
	on line 1 that exceeds 2% of the	W 1 1 2 1			TO THE STATE OF		
	amount shown on line 11,		U V				
	column (f)						6697905.
6	Public support. Subtract line 5 from line 4.						32309751.
Sec	ction B. Total Support					5,00	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	6647606.	5762156.	8737950.	8298076.	9561868.	39007656.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	- 001	10 604	21 000	40 007	42 020	142.242
	and income from similar sources	5,921.	19,684.	31,822.	42,887.	43,028.	143,342.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		2,946.	9,577.	32,538.	60 316	114,407.
	assets (Explain in Part VI.)		2,940.	9,511.	32,330.		39265405.
	Total support. Add lines 7 through 10	ata (ana inatmotio	no)				,581,397.
	Gross receipts from related activities, First five years. If the Form 990 is for			I fourth or fifth to			,301,337.
13	organization, check this box and stor						▶□
Sec	tion C. Computation of Publi	c Support Per	centage	************************		**********	
_	Public support percentage for 2018 (li			olumn (fl)		14	82.29 %
	Public support percentage from 2017				***************************************	15	82.35 %
	33 1/3% support test - 2018. If the co						x and
	stop here. The organization qualifies						. 77
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstanc	es" test, check thi	s box and stop h	ere. Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
					Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S LITERACY INITIATIVE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and						
Ь	3 received from disqualified persons 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 Add lines 7a and 7b						
					yı =	300 300 5	
	Public support. (Subtract line 7c from line 6.)					1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2014	(5) 2010	(0) 2010	(4) 2011	(0) 20 10	(7,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)				,		
	First five years. If the Form 990 is fo	r the organization's	s first, second, this	d, fourth, or fifth to	ax vear as a sectio	n 501(c)(3) organ	ization,
•	check this box and stop here	_					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017		•			16	%
	tion D. Computation of Inves			***********************	***************************************	1.01	
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage for 20					18	%
	33 1/3% support tests - 2018. If the			on line 14 and line			
198							
,	more than 33 1/3%, check this box as						and
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	DOX ON line 14, 19	a, or 190, check tr			90 or 990-EZ) 2018
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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Pai	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		
	A family member of a person described in (a) above?	11b	_	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			25.00
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 1		
	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 Part VI how the supported organization(s) effectively operated, supervised, or	W. A.	100	
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		_
2	Did the organization operate for the benefit of any supported organization other than the supported		3.3	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		nugiri,	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		5	
	or management of the supporting organization was vested in the same persons that controlled or managed		OIL	
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			227
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		4.12	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		2024
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		2	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		°.0	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
0	supported organizations played in this regard.	3		
_	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution of the latest and the balance of the latest and the latest an	ucuons)	Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	-	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.			
о a	Parties and the state of the state of the efficiency divergence on	Est B		
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ш
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
_				

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	Wei-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6	1 Bar 1 Bar	
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)						
Sect	ion D - Distributions			Current Year					
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	S							
4	Amounts paid to acquire exempt-use assets								
5									
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive)						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.			Acquire to the					
3	Excess distributions carryover, if any, to 2018	A REST WEST	The Man Market	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA					
а	From 2013	HILL OF WHIST							
b	From 2014	7 7 411-	ALTER OF FURNISHED	H. 1-41 "					
С	From 2015								
d	From 2016								
е	From 2017			- W. W					
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,			- N. Jan. 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17					
	line 7:			and a medical from the					
a	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
С	Remainder, Subtract lines 4a and 4b from 4.			manager of the second					
5	Remaining underdistributions for years prior to 2018, if								
-	any. Subtract lines 3q and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.	TO USUALLEY W							
6	Remaining underdistributions for 2018. Subtract lines 3h	n a mile m'							
•	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.		15.5						
7	Excess distributions carryover to 2019. Add lines 3j			THE THE STATE OF T					
•	and 4c.			The state of the state of					
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016			ATTREME TO SERVE					
_	Excess from 2017								
	Excess from 2018	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -							
	EXCOSC HOTH EUTO								

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN'S LITTERACY INITIATIVE

Employer identification number 23-2515768

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds				
Ū	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
•	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?		The state of the s				
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	*				
	Preservation of land for public use (e.g., recreation or e		torically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	7 T 1						
С	c Number of conservation easements on a certified historic structure included in (a)						
d	the state of the s						
	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas						
5	and the second s						
	violations, and enforcement of the conservation easements it	holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organization	cion's financial statements that describes	the organization's accounting for				
Do	conservation easements	Art Historical Treasures or O	ther Similar Assets				
Pal	Complete if the organization answered "Yes" on Form		are of the property				
÷-	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art				
1a	historical treasures, or other similar assets held for public exh						
			arce of public service, provide, in that Am,				
	the text of the footnote to its financial statements that descri If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical				
b	treasures, or other similar assets held for public exhibition, ed						
		dication, or research in futilierance of pu	blic 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 tree	asures or other similar assets for financia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	the following amounts required to be reported under SFAS 1		a gain, provide				
_	Revenue included on Form 990, Part VIII, line 1		> \$				
d h	Assets included in Form 990, Part X						

Schedule D (Form 990) 2018 CHILDREN'S	LITERACY INI	TIATIVE	23	-2515768	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11b, See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		بشدس حياس			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	e 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or en	d-of-year market v	alue
(1)					
(2)	1				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					-77
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	e 11d. See Form 990,	Part X, line 15,		
(a)) Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	ne 15.)		>		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X, line 25		
1. (a) Description of liability		(b) Book value		17(1) - 3	
(1) Federal income taxes			1000		
(2) DEFERRED RENT		33,020.			
(3)					
(4)					
(5)			THE RES		

(6) (7) (8) (9) 33,020. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

	t XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	urn.	dolored rage.
10,74,016	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	33,720,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	53,423.		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIII.)		E.)	
	Add lines 2a through 2d		2e	53,423.
3	Subtract line 2e from line 1		3	33,666,823.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	10,916.	11	
	Other (Describe in Part XIII.)		X 1	
	Add lines 4a and 4b		4c	10,916.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	33,677,739.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	31,367,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ĺ		
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	31,367,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		21(3)	
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	31,367,202.
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Part V, line 4;	Part X	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	١.		
PAF	RT X, LINE 2:			
ГНЕ	INTERNAL REVENUE SERVICE HAS CLASSIFIED THE ORGAN	IZATION A	AS E	EXEMPT
FRC	OM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF	THE INTER	NAI	REVENUE
COL	DE ("CODE"); AS AN ORGANIZATION, CONTRIBUTIONS TO W	HICH ARE	DEI	OUCTIBLE

UNDER SECTION 170(C) OF THE CODE; AND AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A

GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

CHILDREN'S LITERACY INITIATIVE

Employer identification number 23-2515768

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		10	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	61	11	17.35
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			77.
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		110	11.2
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		. 11 11.	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				100
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	818	200	0=0
	establish compensation of the CEO/Executive Director, but explain in Part III.		E 16.	
	X Compensation committee		AH.	
	Independent compensation consultant Compensation survey or study			1.5
	Form 990 of other organizations X Approval by the board or compensation committee		11.1	
			8 19	200
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		. 3	ı ü
	organization or a related organization:			1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,			
				347
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	05.00	= 1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	200	F	
	contingent on the revenues of:	1/2		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	(g-)	82	- 1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		. 55	
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	PAV_1	, - x	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	True-i		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	44	4-1	-
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II 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 aren't listed on Form 990, Part VIII.

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.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) JOEL ZARROW	Ξ	220,474.	56,261.	0	8,302.	10,988.	296,025.	0
MEMBER/CEO	E	0	• 0	0	• 0	0	* 0	. 0
(2) REINA PROWLER	ε	162,837.	0.	0.	4,885.	10,988.	178,710.	.0
CHIEF FINANCIAL OFFICER	E	0	0	0	* 0	0.	• 0	0
(3) FRANK GROSSMAN	Ξ	191,297.	41,868.	0.	.366,9	1,200.	241,360.	
CHIEF ACADEMIC OFFICER	€	0	0	0	*0	0	0	0
(4) PAT FEDERMAN	Ξ	142,485.	13,123.	0.	4,668.	10,989.	171,265.	• 0
LEAD REGIONAL MANAGER	(iii)	* 0	0.	0.	0.	0.	0.	.0
(5) CARYN HENNING	€	133,372.	12,238.	. 0	4,368.	10,989.	160,967.	• 0
DIRECTOR OF PROFESSIONAL DEVELOPMENT		0	0	• 0	0	0	0	• 0
(6) JILL VALUNAS	ε	137,275.	14,392.	0	4,550.	10,989.	167,206.	0
REGIONAL EXECUTIVE DIRECTOR	1		• 0	* 0	0	0	• 0	0
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

CHILDREN'S LITERACY INITIATIVE

Employer identification number 23-2515768

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN'S LITERACY INITIATIVE ("CLI") IS A NON-PROFIT THAT WORKS WITH

TEACHERS TO TRANSFORM INSTRUCTION SO THAT CHILDREN CAN BECOME POWERFUL

READERS, WRITERS, AND THINKERS.

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

THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER WILL REVIEW THE DRAFT

990 UPON RECEIPT. IF CHANGES ARE REQUIRED OR INFORMATION ADDED, THE

ACCOUNTING MANAGER WILL COMMUNICATE WITH THE AUDITORS. ONCE CLI MANAGEMENT

APPROVES THE DRAFT, A COPY IS PROVIDED TO THE FINANCE COMMITTEE FOR THEIR

REVIEW AND APPROVAL.

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

PER THE BOARD OF DIRECTORS HANDBOOK, THE CONFLICT OF INTEREST POLICY IS

MONITORED AND ENFORCED. IT IS GIVEN TO ALL BOARD MEMBERS BY WAY OF AN

ANNUAL BOARD OF DIRECTOR'S HANDBOOK AND IS REVIEWED ANNUALLY BY THE BOARD

GOVERNANCE COMMITTEE. THE CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED

TO THE BOARD IN SEPTEMBER AND ARE SIGNED AND RETURNED BY THE BOARD MEMBERS

BY 12/31.

FORM 990, PART VI, SECTION B, LINE 15:

PER THE BOARD OF DIRECTOR'S HANDBOOK, THE BOARD PERSONNEL COMMITTEE IS

TASKED TO REVIEW THE EXECUTIVE DIRECTOR'S PERFORMANCE AT LEAST ANNUALLY AND
SET COMPENSATION AND GOALS THAT ARE APPROPRIATE FOR CLI.

FORM 990, PART VI, SECTION C, LINE 18:

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

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

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Employer identification number
CHILDREN'S LITERACY	INITIATIVE	23-2515768
IN ADDITION TO BEING AVAILABLE UPO	ON REQUEST, CLI'S 99	00 IS AVAILABLE ON THE
FOLLOWING WEBSITES:		
-CLI.ORG		
-GUIDESTAR		
-CHARITY NAVIGATOR		
FORM 990, PART VI, SECTION C, LIN	E 19:	
CHILDREN'S LITERACY INITIATIVE MAI	KES ITS GOVERNING DO	CUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL ST	ATEMENTS AVAILABLE 1	O THE PUBLIC UPON
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHE	R FEES:	
ADP PROCESSING:		
PROGRAM SERVICE EXPENSES		34,336.
MANAGEMENT AND GENERAL EXPENSES		4,145.
FUNDRAISING EXPENSES		2,454.
TOTAL EXPENSES		40,935.
CONSULTING SERVICES:		
PROGRAM SERVICE EXPENSES		185,378.
MANAGEMENT AND GENERAL EXPENSES		11,463.
FUNDRAISING EXPENSES		13,253.
TOTAL EXPENSES		210,094.
PROFESSIONAL DEVELOPER SERVICES:		
PROGRAM SERVICE EXPENSES		3,159,311.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
32212 10-10-18	35	Schedule O (Form 990 or 990-EZ) (20