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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A I	For the :	2018 calendar year, or tax year beginning $\mathrm{JUL}1$, 2018	ng JUN 30, 20	19
В	Check if applicable:	C Name of organization	D Employer ide	entification number
8				
	Address change	NORTHERN NEVADA LITERACY COUNCIL		
Г	Name change	Doing business as	88	8-0208520
Ē	lnitial return		/suite E Telephone nu	
	Final	1400 WEDEKIND ROAD		75-356-1007
I	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,155,976.
	Amende		H(a) Is this a gro	
	⊥ireturn ∐Applica- ⊥tion	F Name and address of principal officer: ADRIENNE SANTIAGO		nates?Yes X No
L	⊥tiòn pending	1400 WEDEKIND ROAD, RENO, NV 89512		nates included? Yes No
		npt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or : ► WWW • NNCL • ORG		ach a list. (see instructions)
				nption number 🕨 30 M State of legal domicite: NV
			Year of fourthments: TOC	O M State of legal dollache. 14 v
Pi	art I	Summary	NT NICITATIA T TO	TED X CV COTTATCET
9	1 B	riefly describe the organization's mission or most significant activities: NORTHER	TALKAM GAAGAK	TATO
ğ		ROVIDES FREE ADULT EDUCATION CLASSES AND C		
ērī		heck this box 🕨 🔛 if the organization discontinued its operations or disposed o		net assets.
é	1			3 <u>5</u>
ઍ		umber of independent voting members of the governing body (Part VI, line 1b)		
Activities & Governance		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		<u></u>
ijĶ		otal number of volunteers (estimate if necessary)		~
Acı	1	otal unrelated business revenue from Part VIII, column (C), line 12		
	b N	et unrelated business taxable income from Form 990-T, line 38		
			Prior Year	Current Year
Revenue		ontributions and grants (Part VIII, line 1h)	1,319,35	
	1	rogram service revenue (Part VIII, line 2g)		
Ŗ.	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	19. 712. 50. 433.
_	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 204 07	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
	1	enefits paid to or for members (Part IX, column (A), line 4)	C00 F0	
es S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	2,45	3,337.
X				130 064
ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	637,54	
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,273,52	
		evenue less expenses. Subtract line 18 from line 12		
Sec			Beginning of Current	
alar	20 T	otal assets (Part X, line 16)	518,00	
Net Assets Fund Baland	21 T	otal liabilities (Part X, line 26)	136,11	L8. 66,986.
캴	22 N	et assets or fund balances. Subtract line 21 from line 20	381,88	37. 459,318.
		Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and		
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which p		
		Adrunne Santiago		<u>1/21/2020</u>
Sig	n 🏳	Signature of officer	Date	
Her	e	ADRIENNE SANTIAGO, EXECUTIVE DIRECTOR		
		Type or print name and title	Dote	II STIN
		Print/Type preparer's name Preparer's signature	Date Che	PTIN .
Paid	_	AVID E. SILVA DAVID E. SILVA	01/16/20 sell	
		irm's name ▶ RIFE SILVA & CO, LLC	Firm's El	N▶ 81-0895382
Use	Only F	Firm's address 22 STATE ROUTE 208		BBE 604 040E
		YERINGTON, NV 89447	Phone no	0.775-624-9105
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2018) NORTHERN NEV.
Part IV Checklist of Required Schedules

	ī		Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		-23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	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? If "Yes," complete			
8	· · · · · · · · · · · · · · · · · · ·	8	1	x
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	ΙΔ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ <u> </u>	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	+
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	 	+
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	gomestic government on Part IX, column (A), line 17 if Tes, complete Schedule I, Parts Land II important manufactures and the column (A) in the column (A) i	<u> </u>	000	(0040)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 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 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25a 25d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d 25d 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 25b X b sthe 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 II 25b X 2		216 Official of Froque Constitution		3/	- NI-
Feart K, column (A), line 27 if "Yes," complete Schedule), Part's I and III 28 ID lift the organization answert "Yes" to Part VI), Section A, line 3, 4, or a 5 bout compensation of the organization's current and former officers, discotors, fusatees, levy employees, and highest compensated employees? If "Yes," complete Schedule I, Part V, line 3, and the last day of the year, line value selected after December 31, 2002? If "Yes," answer lines 240 through 24d and completo Schedule K, If "No," go to line 25s. 24a ID the organization invest any proceeds of flowcesmpt bonds beyond a temporary period acceptance. 24b ID did the organization review as exercised to their than a relateding secretor any time during the year to defease any tax-exercity bonds? 25c Section 501c(35), 501c(94), and 501c(120) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of oro 9000-227 if Yes," complete Schedule I, Part I 25b ID the organization are said as an "on bohaff of "issues for bonds outstanding at any time during the year? 25c Section 501c(35), 501c(94), and 501c(120) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of 9000-9000 organization and that the transaction has a disqualified person of 9000-9000 organization and that the transaction has a final part of the organization proof or 9000-9000 organization properties organization proof as an employee, and the section of the section o	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
23 Did the coganization navwer "Yes" to Part VII, Soction A, line 3, 4, or 6 about comparesation of the organization's current and former officers, directors, trustees, key employees, and higherst comprehensed sembly complete Schedule J. 24 Did the organization have a two-everify thord issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization invest up you proceeds of fixe-exempt bronds beyond a temporary period exception? 25 Did the organization invest up you proceeds of fixe-exempt bronds beyond a temporary period exception? 26 Did the organization invest up you proceeds of fixe-exempt bronds beyond a temporary period exception? 26 Did the organization invest up the organization and an analytic of the organization and the period of the organization and an analytic officers of the organization and the period of the organization provide a period of the organization provide a period of the organization and the period of the organization provide a period of the organization and the period of the organization provide a period of the organization organization and the organization organization and the organization and the organization for the organization for the organization organization and the organization for the organization foreign organization and the organization foreign organization and the organization fo	2		22		X
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24a Dit 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 las		Schedule J	23		X
Schedule K. If "No." yo to fine 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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c Did the organization maintain an escons account other than a refunding escrow at any time during the year to defease any tax exampt bonds? 25a Section 50 (Lp(3), 90 (Lp(3), and 50 (Lp(22) organizations. Did the organization during the year? 25b Section 50 (Lp(3), 90 (Lp(3), and 50 (Lp(22) organizations. Did the organization during the year? 25c Section 50 (Lp(3), 90 (Lp(3), and 50 (Lp(22) organizations. Did the organization with a disqualified person during the year? If "Yes," complete Schedule I., Part I		Schedule K. If "No," go to line 25a			_X_
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d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If 'ves,' complete Schedule I., Part I 25b 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 900 or 980-EZ If 'Ves,' complete Schedule I., Part II 25c III 25d IV 25d IV 25d IV	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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 I, Part I			F		
transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I be to organization ware 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 E2? If "Yes," complete Schedule I., Part I l life 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 E2? If "Yes," complete Schedule I., Part II l life to organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 I., Part III l yes, 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV and the part of the organization aparty to a business transaction with one of the following parties (see Schedule L., Part IV and the part of the organization receiver more officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV and the part of the organization receiver more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV and the part of the organization receive and the subject of the subject of the organization and II. Yes, "complete Schedule II., Part IV is a schedule II., Part IV, If I is a schedule II.			24d		
b Is the organization aware that it erigagod 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 900 or 990-E27 if "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I 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 I, Part II 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 I, Part III Was the organization a provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV A nantity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iline 1 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iline 1 Did the organization organization organization make any transfers to an exempt non-charitable related organizatio	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 disqualfiled persons? If "Yes, * complete Schedule L, Part II			O.L.		-v-
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 in Part II Part III 27 X 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or fix organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I II 3 X X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I II 3 X X X Schedule M, Part I II 3 X X X X X X X X X X X X X X X X			250		
complete Schedule L, Part II 7 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 8 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): 9 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 9 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 11 c A current or former officer or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 12 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 13 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M 14 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 15 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 16 Did the organization on the sell of th	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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			00		v
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 structions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization on 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, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 V, line 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 590 filers are required to complete Schedule R, Part V, line 2 Did the organization complete Schedule O and provide explanations in Schedule O			20		
of any of these persons? If "Yes," complete Schedule L, Part III	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28B X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28B X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28B X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 299 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35a X Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35b X Did the organization complete Schedule R, Part V, Iine 2 35b If the organization complete Schedule R, Part V, Iine 2 35b If the organization complete Schedule R, Part V, Iine 2 35b If the organization complete Schedule R, Part V, Iine 2 35b If the organization complete Schedule R, Part V, Iine 2 35b If the organization complete Schedule R, Part V, Iine 2 35b If the organization			21		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X 5 b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or five, director, trustee, or direct or, trustee, or director, trustee, or dir	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c 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? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 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 II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35a Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35b Did the organization conduct more than 596 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 V, Iine 1 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note, All Form 990 filers are required to complete Schedule O or Part VI. Iines 11b and 19? Note, All Form 990 filers are requir	_		28a		x
c 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? If "Yes," complete Schedule I, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I. 32 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 33 Did If the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 V II 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. A	a	A current or former officer, director, trustee, or key employee? If "Yes " complete Schedule L. Part IV	***************************************		x
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. 32 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? A Was the organization conduct more than 5% of its activities through an entity that is not a related organization? A Was the organization conduct more than 5% of its activities through an entity that is not a related organization? A Was the organization conduct more than 5% of its activities through an entity that is not a related organization? A Was the organization conduct more than 5% of its activities through an entity that is not a related organization? A Was Charlements Regarding Other I	D	An aprilly of which a current or former officer, director, trustee, or key employee for a family member thereoft was an officer.		·	
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(gambling) winnings to prize winners?1c	b	Enter the number of Forms w-2G included in line 1a. Enter of inflocable	1		
(garibuild) with a go to prize with lota.	C	·	10		
				<u>. 99</u> n	(201:

Page 5

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	No				
	filed for the calendar year ending with or within the year covered by this return 2a 42							
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)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).							
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		X				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6а		X				
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
~	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
· a	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		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	· · · · · · · · · · · · · · · · · · ·						
Ŭ	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		***************************************					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	1009 C9							
8	and the second s							
sponsoring organization have excess business holdings at any time during the year?								
9								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	military and the state of the s	9b						
10	Section 501(c)(7) organizations. Enter:							
а	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							
11	Section 501(c)(12) organizations, Enter:							
а	Gross income from members or shareholders			ļ				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			·				
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		-					
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand			X				
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?							
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
15	the state of the s							
	excess parachute payment(s) during the year?	15	ļ	X				
	If "Yes," see instructions and file Form 4720, Schedule N.			45				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.	<u> </u>	000	100:5:				
		FOIL	ก ษษบ	(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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official **15a** X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DEBORAH WEST, ACCOUNTING - 775-356-1007 1400 WEDEKIND ROAD, RENO, NV 89512

Form 9	ON (2	(Q 1 n

NORTHERN NEVADA LITERACY COUNCIL

88-0208520

Page 7

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organizat (A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	(do	do not check m		sition k more than one		one	Reportable	Reportable	Estimated amount of
	hours per week	box, unless person is both an officer and a director/trustee)			is bot or/trus	n an tee)	compensation from	compensation from related	other	
	(list any	Ą				T		the	organizations	compensation
	hours for	gie				Da .		organization	(W-2/1099-MISC)	from the
	related	lee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	i i	nal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
	line) 4.00	Ĕ.	<u>=</u>	-	<u>8</u>	王岩	Ē			
(1) MARY ANN MCCAULEY	4.00	х		х				0.	0.	0
CHAIRMAN	4 00	<u> </u>		_	_	-		U •	V •	U
(2) MARK GLENN	4.00	,,		٦,]		0.	0.	0
VICE CHAIRMAN	4 00	X		X	<u> </u>	ļ		U •	ν.	<u> </u>
(3) DEBBRA KING	4.00	٠,,		77				0.	0.	0
TREASURER		X		X	<u> </u>	ļ	ļ	U .	U.	U
(4) WENDY BOSZAK	4.00	٠,,		٦,					0.	0
SECRETARY	, 4 00	X		X		<u> </u>		0.	U.	U
(5) SANDRA BORRELLI	4.00	١.,							0	_
IMMEDIATE PAST CHAIRMAN		X		<u> </u>		ļ		0.	0.	0
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		-								
- Annual Control of the Control of t				<u> </u>	_	<u> </u>				
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		1								

Section A. Officers, Directors, Trus	stees, Key Em	pioy	ees	, an	a Hi	igne	St C	ompensated Employe	es (continueu)			
(A)	(B)	1 5 6						(D)	(E)		(F)	hI
Name and title	Average hours per	(do not check more than one				than	one h an	Reportable compensation	Reportable compensatio	- 1	Estima amoun	
•	week	offi				or/trus		from	from related	1	othe	r
	(list any hours for	rector						the organization	organization (W-2/1099-MIS		compens from t	
	related	lo ea	stee			nsated		(W-2/1099-MISC)	(W-2/1099-Wile	,0,	organiza	
,	organizations	trust	nal tru		oyee	ad more		,			and rela	ited
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
				3	×	1.6	LE.					
					\vdash	\vdash						
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a distance of the control of the con						<u> </u>					***************************************	
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						<u> </u>						
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								0.		0.		
1b Sub-total c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								0.		Ö.		0.
2 Total number of individuals (including but r								eceived more than \$100	,000 of reportab	le		
compensation from the organization											Yes	(No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	[
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the s											4	X
and related organizations greater than \$15Did any person listed on line 1a receive or											4	
rendered to the organization? If "Yes," con											5	X
Section B. Independent Contractors												
 Complete this table for your five highest co the organization. Report compensation for 										npens	ation from	
(A) Name and business	address	NT	INC	a:				(B) Description of s	services	С	(C) ompensat	on
, Tallo ulto odolilote		747		-1								
												······
									:			
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se li	sted	d above) who received r	nore than	- :	v i i	;
\$100,000 of compensation from the organ	=					0			· · · · · · · · · · · · · · · · · · ·			

	1.		Check if Schedule O contains a respon	oo or note to any m	(A) Total revenue	Related or	Unrelated	from tax under
lii.						exempt function revenue	business revenue	sections 512 - 514
क क	1 =		Federated campaigns 1a					
ran Cun			Membership dues 1b				•	
و ق			Fundraising events 1c					1.
ar A			Related organizations 1d					
9,5			Government grants (contributions) 1e	874,980.				
9.2			All other contributions, gifts, grants, and					
her	•		similar amounts not included above 1f	233,800.				
Ξō	,	,	Noncash contributions included in lines 1a-1f: \$					
Contributions, Giffs, Grants and Other Similar Amounts	ŀ	ว ว	Total. Add lines 1a-1f		1,108,780.			
		•		Business Code				
ø	2 2	3						
ار <u>ک</u>	k			1				
Se	c							
Program Service Revenue	c	t						
D'G	ε	9						
<u>ራ</u>	f		All other program service revenue	611600	46,051.	46,051.		
	ç		Total. Add lines 2a-2f		46,051.			
, , , , , , , , , , , , , , , , , , , ,	3		Investment income (including dividends, in					
			other similar amounts)		712.	712.		
	4		Income from investment of tax-exempt bon	d proceeds 🕒				
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6 2	а	Gross rents					
			Less: rental expenses					
			Rental income or (loss)					
	(đ	Net rental income or (loss)	<u>, </u>				
	7 8	a	Gross amount from sales of (i) Securitie	s (ii) Other				
			assets other than inventory					
	ŀ		Less: cost or other basis					
			and sales expenses					
			Gain or (loss)	· ·				
			Net gain or (loss)			:		
e l	8 8		Gross income from fundraising events (not					
enne			including \$ of					
E B			contributions reported on line 1c). See	a 433.				
Other Re			Part IV, line 18					
₹			Less: direct expenses	N	433.			433.
			Net income or (loss) from fundraising event	s	#33.	`	-	1 2 2 2 1
	9 8	a	Gross income from gaming activities. See	_				
			Part IV, line 19		1			
			Less: direct expenses Net income or (loss) from gaming activities					
							·	
	IU 8	a	Gross sales of inventory, less returns and allowances	a				
		h	Less: cost of goods sold					
1			Net income or (loss) from sales of inventor					
			Miscellaneous Revenue	Business Code				
-	11 :	a a	Wildelianedas Feveride					
		b						
		c		1				
			All other revenue					
			Total. Add lines 11a-11d					
		е	TOWNS IN THE CONTRACT OF THE C		1,155,976.	46,763.	0	433.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			·	
	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic			·	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_	· r	551,622.	471,445.	80,177.	
7	Other salaries and wages	JJI, UMA.	1,1,110		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	42,164.	38,592.	3,572.	
9	Other employee benefits	51,359.	44,465.	6,894.	
10	Payroll taxes Fees for services (non-employees):				
11					
a b	Management				
C	LegalAccounting	8,250.		8,250.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17	3,337.		*****	3,337.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	10,264.	6,839. 15,509.	3,425.	,
13	Office expenses	19,939.	15,509.	4,430.	
14	Information technology	41,002.	41,002.		
15	Royalties				
16	Occupancy	93,807.	69,027.	24,780.	
17	Travel	6,212.	4,134.	2,078.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 702		12,783.	
22	Depreciation, depletion, and amortization	12,783. 2,845.		2,845.	
23	Insurance	4,040.		2,043.	
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 expenses on Schedule 0.) TRAINING AND SUPPORT	118,023.	118,023.		······································
a	OTHER PROFESSIONAL SERV	76,390.	51,768.	24,622.	
b	INSTRUCTIONAL MATERIAL	22,142.	22,142.	,	
c d	GENERAL SUPPLIES	18,407.	16,164.	2,243.	
	All other expenses		,		
е 25	Total functional expenses. Add lines 1 through 24e	1,078,546.	899,110.	176,099.	3,337.
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)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 48,885. 118,594. 1 Cash - non-interest-bearing 227,446. 283,128. 2 Savings and temporary cash investments 2 91,885. 143,784. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 33,600. 16,810. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 132,918. basis. Complete Part VI of Schedule D 10a 99,221. 46,480. 33,697. 10c b Less: accumulated depreciation _____ 10b 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 518,005 526,304. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 52,465. 83,504. 17 17 Accounts payable and accrued expenses _____ 18 18 Grants payable 14,521. 52,614. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 136,118. 66,986. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 294,457. 359,224. 27 Unrestricted net assets 64,861. 22,663. Temporarily restricted net assets 28 28 100,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 381,887. 459,318. 33 Total net assets or fund balances 33 526,304.

518,005.

Total liabilities and net assets/fund balances

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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
Employer identification number

88-0208520 NORTHERN NEVADA LITERACY COUNCIL Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 NORTHERN NEVADA LITERACY COUNCIL 88-02085

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

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

Sec	ction A. Public Support						
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.")	917,290.	993,366.	1,126,420.	1,319,352.	1,108,780.	5,465,208.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	İ					
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	917,290.	993,366.	1,126,420.	1,319,352.	1,108,780.	5,465,208.
5	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly					* 1 No. 1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	1 (6						296,485.
	Public support. Subtract line 5 from line 4.			····			5,168,723.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(0) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014 917, 290.	(b) 2015 993,366.	1,126,420.	1,319,352.	1,108,780.	5,465,208.
	***************************************	<u> </u>	3337333			, ,	
8	·						
	dividends, payments received on						
	securities loans, rents, royalties,	70.	193.	313.	549.	712.	1,837.
	and income from similar sources	/ / .		2421	3431	, 12.	2,00,0
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		· · · · · · · · · · · · · · · · · · ·				F 462 045
	Total support. Add lines 7 through 10						5,467,045.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo						,
•	organization, check this box and sto	o here					<u> ▶ </u>
	ction C. Computation of Pub				4	T T	94.54 %
	Public support percentage for 2018 (.,	14	
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	93.68 %
168	a 33 1/3% support test - 2018. If the						
	stop here. The organization qualifies						
ł	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua						
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop h	iere. Explain in Pa	irt VI how the orga	nization
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	mil to form this world the commendant						
							or 990-EZ\ 2018

(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				- 1		
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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	***************************************					
, ,	3 received from disqualified persons						
ŧ	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						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support		1	1			· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6				, , , , , , , , , , , , , , , , , , , ,		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(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	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 for	the organization	's first, second, thi	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation,
•	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage	, and a			
15	Public support percentage for 2018 (li	ne 8. column (f).	divided by line 13.	column (fl)		15	%
	Public support percentage from 2017					16	%
Sa	ction D. Computation of Inves	tment Incon	ne Percentaαe				
	Investment income percentage for 20)	17	%
	Investment income percentage from 2						%
18	33 1/3% support tests - 2018. If the	organization did	not check the hov	on line 14 and lin	na 15 is more than		
198	more than 33 1/3%, check this box ar						. 1
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
						hadula A (Earm 00	

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.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	5.71	5,5	
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
_	Did the organization have any supported organization that does not have an IRS determination of status	 		
2				- 1
	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		-
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a		,4°- 1
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		75	
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		100	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	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)			
		4c		
e-	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			<u> </u>
ba	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;			
				1
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a		
	was accomplished (such as by amendment to the organizing document).	Ja	 	
þ		Eh.		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		İ	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	1	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	<u> </u>
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.	9a		
b	the late of the first to be a first to be a first to be a first to be a first to the late of the late			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	The state of the s		1 .	
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u></u>	
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		1	
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	
~	determine whether the organization had excess business holdings.)	10b		

determine whether the organization had excess business holdings.)

Sche	dule A (Form 990 or 990-EZ) 2018 NORTHERN NEVADA LITERACY COUNCIL 88-	-020852	0 Pa	ige 5
	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		T.,	
		 	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
<u>Coo</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		1	l
360	tion of Type it Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tine supported organization(s).	1		I
	All Divining the second		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 yea(see instruc	tions).		
а	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 (se	e instruction		r
2	Activities Test. Answer (a) and (b) below.	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		į	
	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	 	-
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	1
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			1.2
	instructions for short tax year or assets held for part of year):		£	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see
-	instructions).			

Par	τν Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to 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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) 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.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
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)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
,	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3]			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	Form 990 or 990-EZ) 2018 1	ORTHERN	NEVADA	LITERACY	COUNCIL	88-0208520 Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; a (See instructions.)	ation. Provide 3b, 3c, 4b, 4c, 9 es 2 and 3; Part and Part V, Sect	the explanations 5a, 6, 9a, 9b, 9 IV, Section E, ion E, lines 2,	ons required by Pa 9c, 11a, 11b, and lines 1c, 2a, 2b, 3a 5, and 6. Also con	rt II, line 10; Part II, line 11c; Part IV, Section B, a, and 3b; Part V, line 1 nplete this part for any	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
				•		
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					-	
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JNITED WAY OF NORTHERN NEVADA	393,750.	284,409
PENNINGTON FOUNDATION	121,417.	12,076
Total Excess Contributions to Schedule A, Part II, Line 5		296,485

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

88-0208520 NORTHERN NEVADA LITERACY COUNCIL Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

NORTHERN NEVADA LITERACY COUNCIL

88-0208520

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	STATE OF NEVADA DEPT OF ED 700 E FIFTH ST CARSON CITY, NV 89701	\$ 621,201.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	NEVADA WORKS 6490 S MCCARRAN BLVD RENO, NV 89509	\$ <u>253,779</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	SIERRA NEVADA JOURNEY 190 EAST LIBERTY STREET RENO, NV 89501	- - \$ <u>44,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	JOHN AND KAREN JELAVICH 1835 CAUGHLIN CREEK ROAD RENO, NV 89519	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	NEIL J REDFIELD FOUNDATION 1755 E. PLUMB LANE, SUITE 212 RENO, NV 89502	- \$\$25,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	VIRAGH FAMILY FOUNDATION 10211 WINCOPIN CIRCLE, SUITE 150 COLUMBIA, MD 21044	\$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

NORTHERN NEVADA LITERACY COUNCIL

88-0208520

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art ii ii audittoriai space is fiecucu.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
,		\$	VIA.
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part!	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	990, 990-EZ, or 990-PF)

Employer identification number

ORTHE	RN NEVADA LITERACY COUN	CIL	88-0208520
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, characteristics.	ns to organizations described in sec grough (e) and the following line entry gritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. y. For organizations ss for the year. (Enter this info. once.) \$
a) No. from	Use duplicate copies of Part III if additional sp (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·		
		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

NORTHERN NEVADA LITERACY COUNCIL

Employer identification number 88-0208520

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ls or Accounts.Complete if the
ļ	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
Ŭ	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
1	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	1,000,000,000	
^	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	n of a conservation easement on the last
2	•	illed conservation continuation in the for	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
		westers included in (a)	
C	Number of conservation easements on a certified historic str	-the 7/05/06 and not an a historic structure	rturo 20
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	Italian in the state of the sta	
3	Number of conservation easements modified, transferred, re	geased, extinguished, or terminated by t	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	inservation easements during the year
			tt.
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and entorcing conser	vation easements during the year.
	\$		TO ALMAN PART
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
	conservation easements.	CALLES TO THE OWNER OF	Other Similar Assets
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	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		* \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h			

0 l	NOPTHERN	NEVADA L	ርጥዚዩ 7	ACY CO	UNCTL		88-	020	8520	Pa	ae 2
Par	1dto D (1 07111 00 0 / 2 0 1 0					r Other					90
	the following that are a grafficant upon of its collection items										
	(check all that apply):										
а	Public exhibition	d		.oan or excl	hange progra	ms					
b											
C											
4	Provide a description of the organization's col	ections and explair	n how th	ey further tl	he organizatio	on's exem	pt purpose in	Part X	311.		
5	During the year, did the organization solicit or	receive donations o	of art, his	storical trea	sures, or othe	er similar :	assets				
	to be sold to raise funds rather than to be mai	ntained as part of t	he orgar	nization's co	ollection?		*******		Yes		No
Par		ements. Comple	te if the	organizatio	n answered "	Yes" on f	Form 990, Par	t IV, lin	e 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ıs or other as	sets not i	ncluded				1
	on Form 990, Part X?							. 📖 '	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:							
								^	Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			-γ	
	Did the organization include an amount on Fo						:y?	.∟.'	Yes	<u> </u>	l No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII				_ <u> </u>	
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	7'						
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years b	oack ((e) Four	years	<u>back</u>
1a	Beginning of year balance								<u> </u>		
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships							_			
е	Other expenditures for facilities										
	and programs							-			
f	Administrative expenses				ļ	_					
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curre	ent year end baland		g, column (a	a)) held as:						
	Board designated or quasi endowment 🕨 _		%								
	Permanent endowment >	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				1.6. (1		_			
3а	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administe	erea tor tr	e organization	ı	r	V T	Na
	by:								0-43	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate								3b	1	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							
L	Complete if the organization answered		0, Part I\	V, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		3	t or other		cumulated	T ((d) Bool	k valu	е
	Bodonphon of proporty	basis (investi			(other)		reciation				
19	Land										
								1			

132,918.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

33,697. Schedule D (Form 990) 2018

99,221.

33,697.

b Buildings ______
c Leasehold improvements _____

d Equipment

Part VII	Investments - Other Securities.	E 000 E 187"	11h Cas Form 000 Bort V Nos 10	
(a) Decerio	Complete if the organization answered "Yes" option of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
		(b) DOOK VAILE	(5) montos o, valuation, cost of or	
	al derivativesheld equity interests			
	-neid equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				······································
	b) must equal Form 990, Part X, col. (B) line 12.) ► 📗			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	d of your market value
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	iu-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)			<u> </u>	
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX				
1 411 12 1	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		J. C. S.		
	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		*
Part X	Complete if the organization answered "Yes"	on Form 000 Port IV line	o 11a or 11f See Form 990 Part X line (25
	(a) Description of liability	on roini 990, raiciv, iiii	(b) Book value	
1.			(3)	
	deral income taxes			,
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				•
(9)		-		
	umn (b) must equal Form 990. Part X. col. (B) lin	e 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

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization MODINITION MENTADA LITTERACY COINCIL Employer identification number 88-0208520

NORTHERN NEVADA LITERACI COUNCIL 60 0200320
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER EDUCATIONAL PROGRAMS FOR ADULTS AND FAMILIES.
EXPENSES \$ 216,362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
EXPLANATION: THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S TREASURER AND
OTHER BOARD MEMBERS FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND KEY EMPLOYEES PROVIDE A WRITTEN STATEMENT EACH YEAR
DISCLOSING ANY INTERESTS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST.
STATEMENTS ARE REVIEWED BY BOARD AND MAINTAINED ON FILE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS UTILIZES THE AFFILIATION WITH ALLIANCE FOR NEVADA
NONPROFITS (ANN) AS AN INDEPENDENT RESOURCE FOR COMPARABILITY DATA IN
DETERMINING THE SALARY OF THE EXECUTIVE DIRECTOR. THE PROCESS IS
DOCUMENTED IN BOARD COMMUNICATION AND MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:
NORTHERN NEVADA LITERACY COUNCIL MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO
THE PUBLIC UPON REQUEST.