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CLIENT'S COPY

MAY 16, 2022

GOVERNOR'S EARLY LITERACY FOUNDATION 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243 ATTENTION: JAMES POND

**DEAR JAMES:** 

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JEFF TALLEY SHAREHOLDER

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2021

#### PREPARED FOR:

GOVERNOR'S EARLY LITERACY FOUNDATION 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243

#### **PREPARED BY:**

LBMC, PC P.O. BOX 1869 BRENTWOOD, TN 37024-1869

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### **MAKE CHECK PAYABLE TO:**

**NOT APPLICABLE** 

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

#### RETURN MUST BE MAILED ON OR BEFORE:

MAY 16, 2022

#### **SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

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S EARLY LITERACY Edition or suite no. If a P.O. box, since the property of the	ee instruct  oreign addi e a separat	ress, see instructions. te application for each return)	Taxpayer		, ,		
d room or suite no. If a P.O. box, s  ROBERTSON PARKWAY  office, state, and ZIP code. For a form  7 TN 37243	ee instruct  preign addi e a separat	ress, see instructions. te application for each return)		20-111	5704		
ROBERTSON PARKWAY office, state, and ZIP code. For a form 7 TN 37243	oreign addi	ress, see instructions. te application for each return)					
, TN 37243	e a separa	te application for each return)					
eturn that this application is for (file	Return						
		Application			0 1		
	0.545	, de la marana.			Return		
	Code	Is For			Code		
	01	Form 990-T (corporation)			07		
	02	Form 1041-A			08		
	03	Form 4720 (other than individu	al)		09		
	04	Form 5227			10		
(a) trust)	05	Form 6069					
pove)	06	Form 8870			12		
377 - 4600 have an office or place of business enter the organization's four digit	s in the Uni Group Exe	Fax No. ▶ ited States, check this box mption Number (GEN)	If this is fo	r the whole gr	• •		
above. The extension is for the organic or angular or a	anization's	return for:	21		n return for		
, , , , , , , , , , , , , , , , , , , ,	, or 6069, e	enter the tentative tax, less	3a	\$	0.		
	, enter any	refundable credits and		,	·		
, , ,	•		3b	\$	0.		
• •	•		2-	*	0.		
	e instructio	ns.	1 30		U.		
	have an office or place of business enter the organization's four digit of the group, check this box  month extension of time until above. The extension is for the organization of the organization of time until above. The extension is for the organization of time until above. The extension of time until above until abo	above. The extension is for the organization's or an office of the group. The extension is for the organization's four digit Group Exercises. See instructions.  201 FRANKLIN ROAD - 377 - 4600 - 46069, enter any made. Include any prior year overpayment all	and attach a list with the names and TIN shove. The extension of time until or or JUL 1, 2020 , and ending JUN 30, 202 time period or 6069, enter the tentative tax, less ts. See instructions or	above. The extension is for the organization's return for:  or  or  or  or  or  or  or  or  or	FINALLY ROAD - BRENTWOOD, TN 37027  377-4600 Fax No.  have an office or place of business in the United States, check this box enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and TINs of all members the extension above. The extension is for the organization's return for:  or  or  ng JUL 1, 2020 , and ending JUN 30, 2021 .  line 1 is for less than 12 months, check reason: Initial return Final return ting period  orms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less tas. See instructions.  3a \$  corms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and made. Include any prior year overpayment allowed as a credit.  ne 3b from line 3a. Include your payment with this form, if required, by		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

### EXTENDED TO MAY 16, 2022

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	$\pm$ 2020 calendar year, or tax year beginning $$ $$ $$ $$ $$	<u>UL 1, 2020</u> and	ending J	<u>UN 30, 2021</u>	_			
<b>B</b> (	Check if applicable	C Name of organization			D Employer identi	fication number			
	Addre		ACY FOUNDATION						
F	Name				20-1115'	704			
	Initial return	Number and street (or P.O. box if mail is not del	livered to street address)	· · · · · · · · · · · · · · · · · · ·					
	Final return/	710 JAMES ROBERTSON PAR			866-368-6371				
	termin ated	1	<b>G</b> Gross receipts \$ 21,128,733.						
	Ameno	MASHVILLE, IN 3/243			H(a) Is this a group				
	Applic tion pendir	F Name and address of principal officer. OAM			for subordinate	····· — —			
		312 RUSA L PARKS AVE 27			H(b) Are all subordinates				
			<b>◄</b> (insert no.) 4947(a)(1)	or 527	1 ′	a list. See instructions			
		te: WWW.GOVERNORSFOUNDATION		1. 1/2.22	H(c) Group exempt				
	orm of	organization: X Corporation Trust As Summary	ssociation Other	L Year	of formation: 2004	M State of legal domicile; TN			
•		Briefly describe the organization's mission or most	significant activities: CBBF	/CELF'	S MISSION I	·s то			
e	'	STRENGTHEN EARLY LITERACY							
Governance	2	Check this box if the organization discor							
Veri	3	Number of voting members of the governing body	·		3	1 40			
ဗိ	4	Number of independent voting members of the gov							
ري و		Total number of individuals employed in calendar y				_			
/itie		Total number of volunteers (estimate if necessary)				700			
Activities &		Total unrelated business revenue from Part VIII, col				0.			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····	71	0.			
					Prior Year	Current Year			
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)			5,149,982				
enc	9				0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			137,525				
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			3,453,874				
_		Total revenue - add lines 8 through 11 (must equal		8,741,381					
	1	Grants and similar amounts paid (Part IX, column (			432,121				
	1	Benefits paid to or for members (Part IX, column (A			534,624	· · · · · · · · · · · · · · · · · · ·			
ses	15	Salaries, other compensation, employee benefits (F Professional fundraising fees (Part IX, column (A), li			0.				
Expenses	h	Total fundraising expenses (Part IX, column (D), line		91.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	'		8,141,829	10,879,129.			
		Total expenses. Add lines 13-17 (must equal Part IX			9,108,574				
		Revenue less expenses. Subtract line 18 from line			-367,193				
or Sec		·		Ве	ginning of Current Year				
Net Assets or	20	Total assets (Part X, line 16)			8,518,378				
t Ass	21	Total liabilities (Part X, line 26)			139,759				
		Net assets or fund balances. Subtract line 21 from	line 20		8,378,619	10,071,856.			
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return,				ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wi	nich preparer	has any knowledge.				
C:~	_	Signature of officer			I Date				
Sig Her		JAMES POND, PRESIDENT			2410				
пеі	e	Type or print name and title							
		Print/Type preparer's name	Preparer's signature	] [	Date Check	PTIN			
Paid	i	JULIE DUNKIN	p.a. 5. 5 5.g	lo	5/16/22 if self-emp	p00742923			
	arer	Firm's name ▶ LBMC, PC			Firm's EIN				
-	Only	Firm's address P.O. BOX 1869							
		BRENTWOOD, TN 37	024-1869		Phone no. (	615)377-4600			
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF GOVERNOR'S EARLY LITERACY FOUNDATION (GELF) IS TO
	STRENGTHEN EARLY LITERACY IN TENNESSEE. GELF EQUIPS TENNESSEE'S
	CHILDREN WITH BOOKS AND INNOVATIVE LITERACY TOOLS THAT ENCOURAGE
	LIFELONG LEARNING FOR A BRIGHTER FUTURE. WE DO THIS BY SERVING AS A
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,593,129. including grants of \$758,128. ) (Revenue \$3,498,752. )
	BOOK DELIVERY, THROUGH DOLLY PARTON'S IMAGINATION LIBRARY: THROUGH OUR
	BIRTH-5 BOOK DELIVERY PROGRAM, WE DELIVER BOOKS EACH MONTH TO CHILDREN
	FROM BIRTH TO AGE FIVE, THROUGH DOLLY PARTON'S IMAGINATION LIBRARY, TO
	FOSTER A LOVE OF READING AT AN EARLY AGE. THIS PROGRAM IS A GIFT OF UP
	TO 60 HIGH-QUALITY, AGE-APPROPRIATE BOOKS, SELECTED BY A BLUE RIBBON
	COMMITTEE OF EARLY CHILDHOOD EDUCATION EXPERTS, TO BUILD A CHILD'S HOME
	LIBRARY BEFORE KINDERGARTEN. DOLLY PARTON'S IMAGINATION LIBRARY IS
	AVAILABLE TO ALL AGE-ELIGIBLE TENNESSEE CHILDREN THROUGH A UNIQUE
	PUBLIC-PRIVATE PARTNERSHIP WITH GELF AND AFFILIATE PROGRAMS IN EACH OF
	TENNESSEE'S 95 COUNTIES. WITH VITAL FINANCIAL SUPPORT FROM THE
	TENNESSEE GENERAL ASSEMBLY, FOUNDATIONS, AND CORPORATE SPONSORS, GELF
	FUNDS HALF THE COST OF IMAGINATION LIBRARY BOOKS FOR ENROLLED CHILDREN
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	STORYBOOK TRAIL: THROUGH OUR STORYBOOK TRAIL PROGRAM, WE COLLABORATE
	WITH TENNESSEE STATE PARKS CONSERVANCY AND LOCAL PARKS TO CREATE
	OUTDOOR READING EXPERIENCES WHERE FAMILIES INTERACT THROUGH LITERACY
	AND PHYSICAL ACTIVITY. THIS PROGRAM PRESENTS A CHILDREN'S STORYBOOK ON
	CHILD-HEIGHT PANELS ALONG A SHORT TRAIL TO PROMOTE ADULT-CHILD
	INTERACTION AROUND BOOKS AND NATURE. EACH PANEL FEATURES A READING TIP
	TO ENCOURAGE FAMILY ENGAGEMENT BY BRINGING THE BOOK TO LIFE FOR
	CHILDREN. GELF'S STORYBOOK TRAIL PROGRAM NOW INCLUDES 36 TRAILS IN
	TENNESSEE, INCLUDING LOCATIONS AT 21 STATE PARKS, 14 CITY PARKS AND ONE
	BOTANICAL GARDEN AND ESTATE. FROM JULY 1, 2020 TO JUNE 30, 2021, GELF
	SUPPORTED 18 STORYBOOK TRAILS TO BE LAUNCHED AT PARKS IN TENNESSEE WITH
	38,000+ TOTAL TRAIL VISITORS REPORTED DURING THAT PERIOD.
4c	(Code:) (Expenses \$
	BOOK BUS: THROUGH OUR BOOK BUS PROGRAM, WE PARTNER WITH LOCAL SCHOOL
	SYSTEMS TO ESTABLISH MOBILE LIBRARIES THAT PROVIDE CHILDREN AND
	COMMUNITIES WITH ACCESS TO HIGH-QUALITY LITERACY RESOURCES. PARTNERING
	SCHOOL SYSTEMS RETROFIT DECOMMISSIONED SCHOOL BUSES WITH SEATING AND
	SHELVING TO HOUSE BOOKS AND LITERACY RESOURCES, CREATING A LEARNING
	SPACE FOR CHILDREN AND FAMILIES TO ENJOY. BUS PROGRAMS OFTEN PARTNER
	WITH LOCAL FOOD PROGRAMS AND PRIORITIZE TRAVELING TO HIGH-NEEDS
	NEIGHBORHOODS OVER THE SUMMER; DURING THE STOPS, EDUCATORS READ ALOUD
	TO CHILDREN, LEAD READING WORKSHOPS TO PROVIDE FAMILIES WITH THE TOOLS
	TO HELP CHILDREN STRENGTHEN EARLY LITERACY SKILLS, AND GIVE AWAY BOOKS.
	THE PROGRAM LAUNCHED IN JULY 2018 WITH SEVEN BUSES IN NORTHEAST
	TENNESSEE. WITH SUPPORT FROM PRIVATE FUNDING PARTNERS, GELF SUPPORTED
<u>4</u> 4	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 11,593,129.
	, , , , , , , , , , , , , , , , , , ,

# Form 990 (2020) GOVERNOR'S EARLY LITERACY FOUNDATION Part IV Checklist of Required Schedules

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

GOVERNOR'S EARLY LITERACY FOUNDATION 20-1115704 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 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 ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 16 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a

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

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form **990** (2020)

# O20) GOVERNOR'S EARLY LITERACY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		\ <sub>3,7</sub>
	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			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		125
C 63	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders 11a			
	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 filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		\ \ \
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
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.			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LBMC, PC - 615-377-4600			
	201 FRANKLIN ROAD, BRENTWOOD, TN 37027			

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

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

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

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

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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do		Pos	itior	າ than ເ	nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of	
	week	_	Cer ar	ia a a	recio	or/trus	lee)	from	from related	other	
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099****100)	organization	
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		(** = * * * * * * * * * * * * * * * * *		and related	
	below	vidual	tution	Je.	Key employee	loyee	ner			organizations	
	line)	Indi	Inst	Officer	Key	High	Former				
(1) JAMES POND	37.50	1							_		
PRESIDENT				Х		_		130,795.	0.	32,852.	
(2) DEAN HOSKINS	37.50	1							_		
VICE PRESIDENT				Х				109,488.	0.	25,332.	
(3) BRANDON GIBSON	1.00	1									
CHAIRMAN		Х						0.	0.	0.	
(4) CEEGEE MCCORD	1.00	1									
VICE CHAIR		Х						0.	0.	0.	
(5) DENINE TORR	1.00	1									
BOARD MEMBER		Х				_		0.	0.	0.	
(6) DR. ANDREA WILLIS	1.00	l									
SECRETARY		Х				_		0.	0.	0.	
(7) JAMES NICHOLSON	1.00	l									
BOARD MEMBER - INTERN		Х				_		0.	0.	0.	
(8) JENNIFER COLQUITT	1.00	l									
BOARD MEMBER		Х				_		0.	0.	0.	
(9) NANCY DISHNER	1.00	ļ									
BOARD MEMBER	1 22	Х				_		0.	0.	0.	
(10) JEFF BALLARD	1.00	l									
BOARD MEMBER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Х				_		0.	0.	0.	
(11) PARUL BAJAJ	1.00	l									
BOARD MEMBER		Х				_		0.	0.	0.	
(12) GREG DUCKETT	1.00	l							•	•	
BOARD MEMBER		Х						0.	0.	0.	
		1									
		<u> </u>				_					
		1									
		<u> </u>			_	$\vdash$					
		4									
		<u> </u>	_		<u> </u>	<u> </u>					
		4									
		<u> </u>	_		_	$\vdash$	<u> </u>				
		4									

032007 12-23-20 Form **990** (2020)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>j Hi</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)					(D) (E)				(F)			
Name and title	Average	١	Position (do not check mo					Reportable	Reportable	<b>;</b>	l Es	timate	ed
	hours per					than o is both		compensation	compensation		l	nount	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organization	IS	com	pensat	tion
	hours for	r dire				b B		organization	(W-2/1099-MIS			from the	
	related	tee o	ıstee			ensat		(W-2/1099-MISC)			org	anizati	ion
	organizations	Itrus	nal tr		oyee	d mo					and	d relate	ed
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	Indi	Inst	Officer	Key	High	윤						
		1											
-						T							
		1											
						$\vdash$							
		1											
-													
		1											
		1											
4. 0						<u> </u>	$\vdash$	240,283.		0.	<u> </u>	8,18	D /
1b Subtotal										0.		ο, το	
c Total from continuation sheets to Part V								0.				0 1 (	0.
d Total (add lines 1b and 1c)							<u> </u>	240,283.			0. 58,184		
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			_
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	сеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the st													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	oensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	_							(B)			(C	;)	
Name and business	address	NC	ONE	3				Description of s	ervices	C	Comper		า
							$\neg$						
							_						
							_						
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi					(	)		•					
												~~~	

	Check if Schedule O contains a response or note to any line in this Part VIII										
		·	_	(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					lunction revenue	business revenue	sections 512 - 514				
SΩ	1 a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues 1b									
2 5	~	Fundraising events 1c									
Ę,	٥	d Related organizations 1d									
ig ig	•	e Government grants (contributions)  1e	8,388,705.								
ons,	e		0,300,703.								
utio	т	All other contributions, gifts, grants, and	505 119								
들 된		similar amounts not included above 1f	595,118.								
ont	9	Noncash contributions included in lines 1a-1f		0 002 022							
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f	<b>D</b>	8,983,823.							
			Business Code								
Se	2 a	ı	_								
e vi	b		_								
Se	c		_								
eve	d	d	_								
Program Service Revenue	е		_								
₫	f	All other program service revenue									
	g	Total. Add lines 2a-2f	<b>)</b>								
	3	Investment income (including dividends, int	erest, and								
		other similar amounts)		170,218.			170,218.				
	4	Income from investment of tax-exempt bond									
	5	Royalties									
		(i) Real	(ii) Personal								
	6 a	a Gross rents6a									
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)	<b></b>								
		Gross amount from sales of (i) Securitie	s (ii) Other								
		assets other than inventory <b>7a</b> 8,475,94	. ,								
	h	Less: cost or other basis									
ω	, L	and sales expenses <b>7b</b> 8,082,57	5								
ğ	_										
ther Revenue		. ,	•	393,365.			393,365.				
ت ح		Net gain or (loss)	·····	333,303.			333,303.				
ţ	8 a	Gross income from fundraising events (not									
0		including \$ of									
		contributions reported on line 1c). See									
	_	,	8a								
			8b								
		Net income or (loss) from fundraising events	s								
	9 a	Gross income from gaming activities. See	_								
			9a								
			9b								
		Net income or (loss) from gaming activities	<b>_</b>								
	10 a	Gross sales of inventory, less returns									
		***************************************	10a								
	b	Less: cost of goods sold	10b								
$\Box$	С	Net income or (loss) from sales of inventory	<b>&gt;</b>								
<sub>ω</sub>			Business Code								
no a	11 a	COUNTY REIMBURSEMENT	900099	3,498,752.	3,498,752.						
ane	b	·	_								
Miscellaneous Revenue	c										
Λisc B	d	All other revenue									
_	е	Total. Add lines 11a-11d		3,498,752.							
	12	Total revenue. See instructions		13,046,158.	3,498,752.	0.	563,583.				

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ірівів соіштіп (А).	
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				1
-	and domestic governments. See Part IV, line 21	758,128.	758,128.		
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	307,800.	70,113.	114,567.	123,120.
6	Compensation not included above to disqualified	,	- ,	,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	292,042.	145,915.	20,006.	126,121.
8	Pension plan accruals and contributions (include				,
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,571.	12,520.		9,051.
10	Payroll taxes	39,381.	14,727.	8,226.	16,428.
11	Fees for services (nonemployees):		,,_,,	-,	
	Management				
b					
	Accounting	64,085.	38,451.	25,634.	
	Lobbying	02,000	33,131,	20,0021	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,124.		22,124.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
3	column (A) amount, list line 11g expenses on Sch 0.)	11,325.		11,325.	
12	Advertising and promotion	142,868.	80,547.	, i	62,321.
13	Office expenses	12,835.		12,835.	•
14	Information technology	94,808.	31,599.	31,609.	31,600.
15	Royalties				
16	Occupancy	50,409.		50,409.	
17	Travel	6,616.	3,148.	2,913.	555.
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				
22	Depreciation, depletion, and amortization	870.		870.	
23	Insurance	37,827.	13,243.	12,675.	11,909.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	BOOKS AND MAILINGS	6,992,430.	6,992,430.		
b	READING PROGRAMS	3,414,473.	3,414,473.		
С	MISCELLANEOUS	11,132.	10,756.	376.	
d	PHONE/INTERNET	5,763.	5,328.		435.
е	All other expenses	11,564.	1,751.	8,062.	1,751.
25	Total functional expenses. Add lines 1 through 24e	12,298,051.	11,593,129.	321,631.	383,291.
26	$\ensuremath{\textbf{Joint costs}}.$ 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)				
					Earm <b>990</b> (2020)

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,164,107.	1	1,546,945.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			97,883.	3	27,135.
	4	Accounts receivable, net				4	1,207,983.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	alified pers				
		under section 4958(f)(1)), and persons descril	on 4958(c)(3)(B)		6		
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				5,438.	9	6,559.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D		32,481.			
	b	Less: accumulated depreciation		17,077.	13,367.	10c	15,404.
	11	Investments - publicly traded securities		7,080,708.	11	15,404. 8,569,988.	
	12	Investments - other securities. See Part IV, Iir		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			156,875.	15	167,750.
	16	Total assets. Add lines 1 through 15 (must e			8,518,378.	16	11,541,764.
	17	Accounts payable and accrued expenses			107,003.	17	160,003.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
S	22	Loans and other payables to any current or for	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of t	hese persor	ns		22	
	23	Secured mortgages and notes payable to uni	related third	parties		23	
	24	Unsecured notes and loans payable to unrela	ated third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			32,756.		1,309,905.
	26	<b>Total liabilities.</b> Add lines 17 through 25			139,759.	26	1,469,908.
"		Organizations that follow FASB ASC 958, or	heck here				
če		and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions				27	
l Ba	28	Net assets with donor restrictions				28	
oun		Organizations that do not follow FASB ASC	C 958, chec	k here 🕨 🔼			
F		and complete lines 29 through 33.			•		
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun		0.	29	0.	
SSE	30	Paid-in or capital surplus, or land, building, or			13,367.	30	15,404.
t As	31	Retained earnings, endowment, accumulated			8,365,252.	31	10,056,452.
Se	32	Total net assets or fund balances			8,378,619.	32	10,071,856.
	33	Total liabilities and net assets/fund balances			8,518,378.	33	11,541,764.

Form **990** (2020)

Pa	rt XI │ Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	<u>,29</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			8,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	3,378,619		
5	Net unrealized gains (losses) on investments	5	5 945,			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,07	1,8	56.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi	Ċ			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** Name of the organization GOVERNOR'S EARLY LITERACY FOUNDATION 20-1115704 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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 10 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). 11 12 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

## 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	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	4819479.	4784705.	5195354.	5149982.	8983822.	28933342.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4010450	4504505	E40E0E4	51.40000	000000	00000000
	Total. Add lines 1 through 3	4819479.	4784705.	5195354.	5149982.	8983822.	28933342.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						20022242
	Public support. Subtract line 5 from line 4.						28933342.
		/=\ 001C	/b) 0017	(c) 2018	(4) 0010	(=) 0000	(4) T-1-1
	ndar year (or fiscal year beginning in)  Amounts from line 4	(a) 2016 4819479.	(b) 2017 4784705.	5195354.	(d) 2019 5149982.	(e) 2020 8983822	(f) Total 28933342.
	Gross income from interest,	40194794	4704705	3133334.	3143302.	0303022.	20733342.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	178,651.	198,156.	332,341.	253,130.	170,218.	1132496.
۵	Net income from unrelated business	170,0310	130,1300	332,311	233,1301	170/2100	11321301
9	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.)	3359244.	3467920.	3489773.	3453874.	3498752.	17269563.
11	<b>Total support.</b> Add lines 7 through 10						47335401.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li					14	61.12 %
15						15	57.07 <u>%</u>
16a	33 1/3% support test - 2020. If the o						
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	* **	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		<u> </u>
	organization meets the facts-and-circu		-		•		▶⊟
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a	na see instructions	S ▶∟

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	<b>&gt;</b>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

_		Yes	No
Т	1		
Г	2		
L	За		
L	3b		
L	3c		
H	4a		
L	4b		
Г	4c		
	5a		
	Ju		
Т	5b		
	5c		
	6		
L	7		
	8		
	9a		
$\vdash$	9b		
	90		
	9с		
L	10a		
	40:		
	10b		

Fai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	il in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activi	rities Test. Answer lines 2a and 2b below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see
	instructions)			

5

Schedule A (Form 990 or 990-EZ) 2020

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020	
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u>C</u>	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u> _	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 GOVERNOR'S EARLY LITERACY FOUNDATION

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#### **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

GOVERNOR'S EARLY LITERACY FOUNDATION

**Employer identification number** 20-1115704

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that describes the
<b>D</b>	organization's accounting for conservation easements.	A. J. Historia Co. J. T. Co. Co.	Oller O're'ller Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		R'S EARLY								Page 2
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	t make sig	nificant u	ise of its	,	,
	collection items (check all that apply):									
а	Public exhibition	C	d 🗌 L	oan or exc	hange progra	am				
b	Scholarly research	•	• 🔲 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	y further th	e organizatio	on's exem	ot purpos	se in Part )	KIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hist	orical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	<b>gements.</b> Compl	ete if the o	organizatio	n answered '	"Yes" on F	orm 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontributions	s or other ass	sets not in	cluded		_	
	on Form 990, Part X?							🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	istodial acco	unt liabilit	y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization ar	nswered "`	Yes" on Fo	rm 990, Part					
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	red for the	organiza	ition		
	by:								<u>\</u>	<u>res No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		<u> </u>							
	Description of property	(a) Cost or o		. ,	or other		cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(otner)	aep	reciation			
	Land	II								
b	Buildings		-							
С	Leasehold improvements				2 401		17 0	, ,	1 -	404
	Equipment			3	2,481.		17,07	/ / •	15	,404.
_	Other	1				1		1		

Schedule D (Form 990) 2020

15,404.

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

Sched	ıle D (Form 990) 2020	GOVERNOR'S	EARLY LITERACY	Y FOUNDATION	20-1115704 Page 3
Part					<u> </u>
	Complete if the organ	nization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line	12.
(a) De	escription of security or catego	ry (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Fin	ancial derivatives				
(2) Clo	sely held equity interests				
(3) Oth	ner				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	2al (b)at aal Farms 000	Don't V. and (D) line 10 )			
	Col. (b) must equal Form 990, VIII Investments - P				
1 uit		•	on Form 000 Dort IV line 1	Ida Caa Farm 000 Dart V lina	10
	(a) Description of in		(b) Book value	11c. See Form 990, Part X, line	ost or end-of-year market value
(1)	(a) Bosonphon or in	TV OCETION C	(b) Book value	(b) Modrida or Variation. O	oct of one or your marriet value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (	Col. (b) must equal Form 990,	Part X, col. (B) line 13.)			
Part	IX Other Assets.				
	Complete if the organ			11d. See Form 990, Part X, line	15.
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>	(0.1 (1.)				
Part	Column (b) must equal Form  Other Liabilities	<u>n 990, Part X, col. (B) line</u> ▪	: 15.)		
			on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part	
<u>1</u>	(a) Des	scription of liability			(b) Book value
(1)	Federal income taxes				
(2)	DEFERRED INFL	OWS RELATED 1	10		
(3)	PENSION COMM	DIDIMIONA			5,711.
(4)	DEFERRED CONT	RIBUTIONS			1,304,194.
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

1,309,905.

(9)

Pai	rt XI	Reconciliation of Revenue per Audited Financial S		evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part I				12 221 225
1		revenue, gains, and other support per audited financial statements			1	13,991,285.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0.45 4.05		
а		nrealized gains (losses) on investments		945,127.		
b		ted services and use of facilities				
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			0.45 4.05
е		nes 2a through 2d			2e	945,127.
3		act line <b>2e</b> from line <b>1</b>			3	13,046,158.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b			•
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	212.)		5	13,046,158.
Pa	ווג דו	Reconciliation of Expenses per Audited Financial		xpenses per F	tetur	n.
		Complete if the organization answered "Yes" on Form 990, Part I				10 000 010
1	Total	expenses and losses per audited financial statements			1	12,298,049.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			_
е	Add I	nes 2a through 2d			2e	0.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	12,298,049.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b	2.		_
С	Add I	nes 4a and 4b			4c	2.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	12,298,051.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part :	X, line 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provice	de any additional informa	tion.		
PAI	RT X	II, LINE 4B - OTHER ADJUSTMENTS:				
ROI	UNDI	NG				2.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  GOVERNOR '	S EARLY I	ITERACY FOU	NDATION				Employer identification number $20-1115704$
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro	stance?						
Part II Grants and Other Assistance to					anization answered "\	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ed.			
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALCOA CITY SCHOOLS 524 FARADAY ST ALCOA, TN 37701	62-6000238	501 (C) (3)	6,500.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
CHEATHAM COUNTY SCHOOL 102 ELIZABETH ST ASHLAND CITY, TN 37015	62-6000526	501 (C) (3)	11,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
GRUNDY COUNTY SCHOOLS PO BOX 97 ALTAMONT, TN 37301	62-6000628	501 (C) (3)	19,900.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
HAWKINS COUNTY SCHOOLS 1050 VOLUNTEER BLVD CHURCH HILL, TN 37642	62-0757264	501 (C) (3)	17,100.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
HAYWOOD COUNTY SCHOOLS 900 E MAIN STREET BROWNSVILLE, TN 38012	62-6000659	501 (C) (3)	17,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
LEBANON CITY SCHOOLS 397 N CASTLE HEIGHTS AVE LEBANON, TN 37087	62-6000335	501 (C) (3)	9,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

14.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COUNTY SCHOOLS 3006 MAYNARDVILLE HWY MAYNARDVILLE, TN 37807	62-6000885	501 (C) (3)	15,500.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
BLEDSOE COUNTY SCHOOLS PO BOX 369 PIKEVILLE, TN 37367	62-6000492	501 (C) (3)	5,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
ELIZABETHTON CITY SCHOOLS 804 S WATAUGA AVE ELIZABETHTON, TN 37643	62-0730716	501 (C) (3)	5,500.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
GREENE COUNTY SCHOOLS 910 SUMMER ST GREENEVILLE, TN 37743	45-4418460	501 (C) (3)	6,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
JOHNSON COUNTY SCHOOLS 211 N CHURCH ST MOUNTAIN CITY, TN 37683	62-6000688	501 (C) (3)	5,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
MORGAN COUNTY SCHOOLS 136 FLAT FORK RD WARTBURG, TN 37887	62-6000772	501 (C) (3)	5,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
RHEA COUNTY SCHOOLS 1385 BROADWAY ST DAYTON, TN 37321	62-1623210	501 (C) (3)	5,000.	0.			FUNDING TO DEVELOP AND/OR MAKE IMPROVEMENTS TO MOBILE BOOK BUS
STATE PARKS CONSERVANCY 312 ROSA PARKS AVE, TN TOWER 2ND FL NASHVILLE, TN 37243		501 (C) (3)	17,595.	0.			FUNDING TO DEVELOP STORYBOOK TRAILS IN STATE PARKS

Complete il tile	organization answe	erea res on Form e	90, Part IV, line 22.			
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.			
EARLY LIT	ERACY FOUN	NDATION (GE	LF)			
/IDUAL CO	UNTY IMAGI	NATION LIB	RARY			
ER SPECIF	'IC PURPOSE	E ARE RECOR	DED AS			
EMENTS, W	TTH PERIOL	DIC DISTRIB	UTIONS			
IDENTIFIED WHEN CREDITED AGAINST MONTHLY COUNTY PROGRAM INVOICES OR						
APPROVED PROJECT EXPENSES. GRANT REQUIREMENTS - BOTH FEDERAL AND THOSE						
FROM PRIVATE FOUNDATIONS OR CORPORATIONS - FOR ANNUAL OR SEMI-ANNUAL						
REPORTS DETAILING SPECIFIC USE OF FUNDS AND UPDATES ON ACTUAL PROGRAM						
	(b) Number of recipients  uired in Part I, lin  EARLY LIT  /IDUAL CO  ER SPECIF  EMENTS, W  ONTHLY CO  REQUIREME	(b) Number of recipients (c) Amount of cash grant cash grant (c) Amount of cash grant (c) Amount	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance cash grant (d) Amount of non-cash assistance cash grant (d) Amount of non-cash assistance cash grant (e) Amount of non-cash assistance cash assistance cash grant (e) Amount of non-cash assistance cash grant (e) Amount of non-cash assistance cash assistance cash grant (e) Amount of non-cash assistance cash grant (e) Amount (e) Amount of non-cash assistance cash grant (e) Amount (e) Am	Luired in Part I, line 2; Part III, column (b); and any other additional information.  EARLY LITERACY FOUNDATION (GELF)  VIDUAL COUNTY IMAGINATION LIBRARY  ER SPECIFIC PURPOSE ARE RECORDED AS  EMENTS, WITH PERIODIC DISTRIBUTIONS  DISTRIBUTIONS  DISTRIBUTIONS  ONTHLY COUNTY PROGRAM INVOICES OR  REQUIREMENTS - BOTH FEDERAL AND THOSE  ATIONS - FOR ANNUAL OR SEMI-ANNUAL		

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

**2020** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GOVERNOR'S EARLY LITERACY FOUNDATION

 $Employer \ identification \ number \\ 20-1115704$ 

Pa	art I Questions Regarding Compensation	1370			
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	110	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions  Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)				
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
	tradices, and officers, moldaring the OLO/Exceditive birector, regarding the items checked of fine far.				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant  Compensation survey or study				
	Form 990 of other organizations  X Approval by the board or compensation committee				
	Approval by the board of compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
7	organization or a related organization:				
а		4a		х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X	
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10			
ii 165 to any of infes 44°C, list the persons and provide the applicable afflourits for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а		5a		Х	
	Any related organization?	5b		х	
-	If "Yes" on line 5a or 5b, describe in Part III.	2			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
•	contingent on the net earnings of:				
а	The organization?	6a		х	
	Any related organization?	6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.	2			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
-	Regulations section 53.4958-6(c)?	9			

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JAMES POND	(i)	130,795.	0.	0.	17,609.	15,243.	163,647.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							-
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							-
	(i) (ii)							
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-	(ii)							
	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							<del>                                     </del>
	(i) (ii)							<u> </u>
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

TENNESSEE.

# 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.

Open to Public Inspection

OMB No. 1545-0047

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

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization

FORM 990, PART I,

GOVERNOR'S EARLY LITERACY FOUNDATION

AND AMPLIFIER OF EARLY LITERACY PROGRAMS FOR CHILDREN STATEWIDE.

Employer identification number 20-1115704

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

THOUGHT LEADER, ADVISOR, AND CATALYST TO SUSTAIN EARLY LITERACY

PROGRAMS FOR CHILDREN ACROSS THE STATE, INCLUDING BIRTH-5 BOOK

DELIVERY, K-3 HOME LIBRARIES, CAREGIVER ENGAGEMENT, STORYBOOK TRAILS,

BOOK BUSES, AND THE STATEWIDE EARLY LITERACY EDUCATION COLLABORATIVE OF

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: STATEWIDE, SUPPORTING GRASSROOTS ORGANIZERS IN EACH OF TENNESSEE'S 95 COUNTIES AS THEY RAISE THE OTHER HALF OF THE COST OF BOOKS FOR ENROLLED CHILDREN IN THEIR COUNTY. SINCE 2004, WE HAVE MAILED OVER 45 MILLION BOOKS TO CHILDREN STATEWIDE. FROM JULY 1, 2020 TO JUNE 30, 2021, GELF MAILED 3,442,968 BOOKS TO ENROLLED CHILDREN STATEWIDE. DURING THIS PERIOD, 73,737 CHILDREN WERE NEWLY ENROLLED IN THE PROGRAM, AND 68,157 CHILDREN GRADUATED FROM THE PROGRAM AS THEY REACHED THE MAXIMUM ALL 95 TENNESSEE COUNTIES CONTINUED TO MAINTAIN PARTICIPATION AGE. THEIR AFFILIATE IMAGINATION LIBRARY PROGRAMS THROUGH CHILD ENROLLMENT COMMUNITY ENGAGEMENT AND LOCAL FUNDRAISING TO COVER THEIR 50% BOOK AND MAILING COST COMMITMENT OF APPROX. \$1.07 PER BOOK. GELF, NOW IN ITS SEVENTEENTH CONSECUTIVE YEAR OF SERVICE, CONTINUED TO PROVIDE A GRANT EQUALING THE REMAINING 50% OF THE COST OF THESE IMAGINATION LIBRARY (IL) BOOKS FOR EACH COUNTY. THE PRIMARY SOURCE OF GELF'S STATEWIDE PROGRAM FUNDING IS DERIVED FROM ITS STATE-APPROVED ANNUAL GRANT. THE

GOVERNOR'S EARLY LITERACY FOUNDATION	20-1115704			
PROGRAM HAS EXPERIENCED CONTINUED GROWTH NOW SERVING 70% OF THE				
STATE'S AGE-ELIGIBLE POPULATION, MAILING APPROX. 286,000 BOOKS EACH				
MONTH. AS A RESULT, WE CONTINUE TO FUNDRAISE PRIVATELY ON	BEHALF OF			
INDIVIDUAL COUNTIES AND TO BUILD CAPACITY FOR OUR STATEWID	E PROGRAM'S			
CONTINUED GROWTH. BASED UPON OUR DIVERSIFIED STRATEGIES A	ND METHODS TO			
INCREASE STATEWIDE ENROLLMENT, COUPLED WITH OUR TARGETED E	FFORTS TO			
ENROLL CHILDREN AS NEWBORNS, WE EXPECT THIS GROWTH PATTERN	TO CONTINUE.			
THE FIRST FIVE YEARS OF A CHILD'S LIFE ARE CRITICAL TO LAN	IGUAGE AND			
VOCABULARY DEVELOPMENT AND HAVING BOOKS IN THE HOME HAS PR	OVEN TO			
INCREASE SCHOOL READINESS AND FUTURE EDUCATIONAL SUCCESS.	TENNESSEE			
RESEARCH SHOWS THAT CHILDREN WHO PARTICIPATE IN THE IMAGIN	ATION LIBRARY			
PROGRAM ENTER KINDERGARTEN MORE PREPARED TO LEARN THAN THE	IR			
NON-PARTICIPATING PEERS AND THAT CHILDREN WHO ARE ENROLLED	IN THE			
PROGRAM FOR LONGER PERIODS OF TIME ARE MORE LIKELY TO SCOR	E HIGHER ON			
ACADEMIC ASSESSMENTS INTO THIRD GRADE. FURTHER, THIS RESEARCH INDICATES				
STUDENTS WHO PARTICIPATED IN THE PROGRAM ARE MORE LIKELY TO HAVE				
INCREASED SCHOOL ATTENDANCE AND LESS LIKELY TO BE SUSPENDED.				
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:			
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:			
18 BOOK BUSES IN 2021. TEN OF THESE BUSES OPERATED OVER THE SUMMER.				
COLLECTIVELY, THEY TRAVELED MORE THAN 7,000 MILES, SERVED ALMOST 25,000				
CHILDREN, AND DISTRIBUTED 30,000 BOOKS TO FAMILIES. THE OTHER EIGHT				
BUSES WERE PROVIDED THE SEED FUNDING THEY NEEDED TO BUILD A BUS AND				
WILL BEGIN SERVING FAMILIES IN 2022. RESEARCH SHOWS THAT TWO TO THREE				

Name of the organization  GOVERNOR'S EARLY LITERACY FOUNDATION	Employer identification number 20-1115704
MONTHS OF READING PROFICIENCY IS LOST FOR STUDENTS WHO DO	NOT READ OVER
THE SUMMER, CAUSING A STUDENT TO BE BEHIND IN ACHIEVEMENT	GAINS FOR THE
UPCOMING SCHOOL YEAR. READING FOUR TO SIX BOOKS HAS THE PO	TENTIAL TO
MITIGATE, STOP OR EVEN REVERSE "SUMMER SLIDE." BOOK BUSES	FOSTER EARLY
LITERACY AND WORK TO PREVENT THE "SUMMER SLIDE" IN STUDENT	'S.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
K3 HOME LIBRARY PROGRAM: THROUGH OUR K-3 HOME LIBRARY PROG	RAM, WE
DELIVER QUALITY BOOKS AND LITERACY RESOURCES TO COMBAT LEA	RNING LOSS
AND SUPPORT STUDENT LEARNING IN THE HOME. IN COLLABORATION	WITH
SCHOLASTIC EDUCATION, THIS PROGRAM MAILS A PACK OF HIGH-QU	ALITY BOOKS
TO ELEMENTARY SCHOOL STUDENTS AND TEACHERS DURING THE SUM	MER, AT NO
COST TO FAMILIES OR SCHOOL DISTRICTS. THE PROGRAM LAUNCHED	IN JUNE 2020
AND PROVIDED MORE THAN 30,000 RISING FIRST THROUGH THIRD	GRADE
STUDENTS IN 36 SCHOOL DISTRICTS WITH BOOKS AND RESOURCES D	ELIVERED
DIRECTLY TO THEIR HOMES OVER THE SUMMER. PARTICIPATING SCH	OOL DISTRICTS
WERE CHOSEN BASED ON THE COUNTY'S DESIGNATION OF "DISTRESS	ED" OR
"AT-RISK" BY THE TENNESSEE DEPARTMENT OF ECONOMIC & COMMUN	ITY
DEVELOPMENT. SINCE ITS LAUNCH, THE K-3 HOME LIBRARY PROGR	AM HAS
QUICKLY GROWN TO BECOME ONE OF GELF'S KEY PROGRAMS, AND T	HE FIRST
STATEWIDE K-3 BOOK DELIVERY EFFORT IN THE U.S. IN 2021. FR	OM JULY 1,
2019 TO JUNE 30, 2020, THIS PROGRAM SERVED OVER 30,000 K-3	STUDENTS IN
TENNESSEE. IN AUGUST 2020, GELF PARTNERED WITH THE TENNESS	EE DEPARTMENT

Name of the organization

**Employer identification number** 

GOVERNOR'S EARLY LITERACY FOUNDATION 20-1115704 OF EDUCATION TO DELIVER TEN BOOKS TO STUDENTS AND TEACHERS DURING THE FALL WHILE MANY WERE STILL NAVIGATING THE CHALLENGES OF REMOTE LEARNING. THIS PROGRAM DELIVERED 570,000 BOOKS TO 57,000 STUDENTS AND TEACHERS IN 75 SCHOOL DISTRICTS ACROSS TENNESSEE. IN LATE APRIL 2021, THE STATE LEGISLATURE APPROVED FUNDING FOR THE K-3 HOME LIBRARY PROGRAM TO BE AVAILABLE STATEWIDE FOR STUDENTS ENTERING FIRST GRADE. WITH THIS EXPANSION, THE PROGRAM SERVED MORE THAN 85,500 STUDENTS AND ALMOST 3,500 TEACHERS. OVER 94% OF CAREGIVERS, TEACHERS, AND STUDENTS REPORTED LIKING THE BOOKS AND USING THEM IN THE HOME AND DURING CLASSROOM INSTRUCTION. RESEARCH SHOWS THAT TWO TO THREE MONTHS OF READING PROFICIENCY IS LOST FOR STUDENTS WHO DO NOT READ OVER THE SUMMER, AND DATA SHOWS A DECLINE IN THIRD GRADE READING PROFICIENCY DUE TO INCREASED TIME SPENT OUT OF THE CLASSROOM DURING COVID-19 SCHOOL CLOSURES. RESEARCH SHOWS PLACING BOOKS AND RESOURCES DIRECTLY INTO THE HOMES OF FAMILIES HELPS COMBAT LEARNING LOSS. THROUGH THIS PROGRAM, WE HOPE TO INCREASE THIRD GRADE READING PROFICIENCY IN TENNESSEE BY PROVIDING STUDENTS WITH RESOURCES OUTSIDE OF SCHOOL. CAREGIVER ENGAGEMENT: THROUGH OUR CAREGIVER ENGAGEMENT PROGRAM, WE EQUIP CAREGIVERS TO BE DEEPLY ENGAGED AS A CHILD'S FIRST TEACHER. THIS PROGRAM GIVES FAMILIES THE TOOLS TO TURN CONVERSATIONS INTO LEARNING OPPORTUNITIES BY CONNECTING BOOKS WITH EXPERIENCES. RESOURCES, LIKE READING TIPS AND LEARNING ACTIVITIES, ARE SHARED DIGITALLY WITH CAREGIVERS AND MODEL HOW EVERYDAY INTERACTIONS AT HOME CAN BE USED TO BOOST LEARNING. IN JANUARY 2021, GELF AND THE TENNESSEE DEPARTMENT OF EDUCATION (TDOE) PARTNERED TO EXPAND THE CAREGIVER ENGAGEMENT PROGRAM, PROVIDING THOUSANDS OF TENNESSEE FAMILIES WITH READY4K, A

RESEARCH-BASED TEXT MESSAGING PROGRAM TO HELP PARENTS SUPPORT THEIR

Name of the organization

**Employer identification number** 

GOVERNOR'S EARLY LITERACY FOUNDATION 20-1115704 STUDENTS IN LEARNING AT HOME. THIS MARKED THE LARGEST STATEWIDE ROLLOUT OF THE READY4K PROGRAM TO DATE AND WAS MADE AVAILABLE FOR FREE TO PARTICIPATING TENNESSEE SCHOOL DISTRICTS BY GELF AND TDOE. THROUGH THE READY4K PROGRAM, FAMILIES WITH PRE-K THROUGH 3RD GRADE STUDENTS ACROSS TENNESSEE RECEIVE THREE WEEKLY TEXT MESSAGES, MATCHED FOR EACH CHILD'S AGE, WITH EASY TIPS AND SIMPLE ACTIVITIES TO HELP CHILDREN LEARN AND GROW BY BUILDING ON EXISTING DAILY ROUTINES, SUCH AS GETTING DRESSED, BATH TIME OR PREPARING A MEAL. BY JUNE 2021, READY4K WAS SUPPORTING 118,000 UNIQUE CAREGIVERS REPRESENTING MORE THAN 130,000 STUDENTS IN TENNESSEE. STATEWIDE SURVEYS SHOW THAT READY4K HAS POSITIVELY IMPACTED HOME LEARNING HABITS AND LITERACY DEVELOPMENT FOR TENNESSEE FAMILIES. EIGHTY-ONE PERCENT OF PARENTS REPORTED DOING AT LEAST ONE READY4K ACTIVITY PER WEEK. NINETY-TWO PERCENT OF PARENTS SAID THAT READY4K ACTIVITIES HELPED CHILDREN GROW THEIR LITERACY SKILLS. EIGHTY-NINE PERCENT OF PARENTS EXPERIENCED AN INCREASE IN THEIR CONFIDENCE TO SUPPORT THEIR CHILDREN'S LEARNING BECAUSE OF READY4K. NINETY-SIX PERCENT OF PARENTS SAID THEIR RELATIONSHIPS WITH THEIR CHILDREN WERE STRONGER AFTER DOING READY4K ACTIVITIES. CHILDREN BEGIN LEARNING AT HOME BEFORE THEY EVER REACH THE CLASSROOM, BUT MANY FAMILIES FACE BARRIERS TO PROVIDING HIGH-QUALITY EARLY LEARNING OPPORTUNITIES. RESEARCH SHOWS THAT PROMOTING HOME LEARNING ACTIVITIES AND EFFECTIVE TEACHING STRATEGIES CAN FOSTER EARLY LEARNING AND IMPROVE SCHOOL READINESS. THROUGH THIS PROGRAM, WE HOPE TO PROVIDE FAMILIES WITH SIMPLE, EVERYDAY TOOLS TO HELP CHILDREN STRENGTHEN EARLY LITERACY SKILLS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO DESIGNATED COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNOR'S EARLY LITERACY FOUNDATION	Employer identification number 20-1115704
GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE COMMITTEE OF THE BOARD, COMPRISED OF THE BOARD	ARD CHAIR, VICE
CHAIR, SECRETARY AND PRESIDENT OF THE FOUNDATION REVIEW AN	ID APPROVE THE
FORM 990 IN DRAFT FORM PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CHAIR OF THE BOARD AND PRESIDENT OF THE FOUNDATION MAI	NTAIN REGULAR
CONTACT WITH EACH BOARD MEMBER TO STAY ABREAST OF OTHER AC	CTIVITIES WITH
WHICH MEMBERS MAY BE INVOLVED.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, OR TOP MANAGE	GEMENT OFFICIAL IS
DETERMINED BY AN ANNUAL REVIEW BY THE BOARD OF DIRECTORS U	SING INDUSTRY
COMPARISON TO BENCHMARK DATA. COMPENSATION FOR OTHER OFFI	CERS AND KEY
EMPLOYEES IS DETERMINED BY THE PRESIDENT'S DISCRETION AND	USING INDUSTRY
COMPARABLES.	

GOVERNOR'S EARLY LITERACY FOUNDATION	20-1115704
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC T	THROUGH THE
WEBSITE GUIDESTAR.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	3.
FORM 990, PART XII, LINE 2C:	
THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	