**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 201	8 calendar year, or tax year begir		01 , <b>2018</b> ,	and end	ing		06	5/30 <b>,20</b> 19				
<b>B</b> c	neck if ap	oplicable:	C Name of organization THE BARBAR		ON			D Employer ide	entifi	cation number				
_	Addre		FOR FAMILY LITERACY II	NC				26 0505	700	0				
	chang		Doing Business As		,	Room/suite		26-0587						
	Name	change	Number and street (or P.O. box if mail is	E Telephone n										
	Initial	return	516 NORTH ADAMS STREET					(850) 562-5300						
	Termi		City or town, state or province, country, a											
	Amen	า	TALLAHASSEE, FL 32301					<b>G</b> Gross receipts \$ 26,165,624						
	Applic	cation ng	F Name and address of principal officer:	BRITISH ROBIN				H(a) Is this a ground subordinates		urn for Yes	X No			
			516 NORTH ADAMS STREET	Γ, TALLAHASSEE,	FL 3230	)1		H(b) Are all subord	inates i	included? Yes	No			
		empt st		) <b>(</b> insert no.)	4947(a)(1) c	or 5	527	If "No," attac	ch a lis	st. (see instructions)				
			WWW.BARBARABUSH.ORG					H(c) Group exem		<u> </u>				
_				Association Other		L Year	of format	tion: 2007 <b>M</b>	State	e of legal domicile:	FL			
Pa	art I		mmary											
	1		y describe the organization's mission o		: TO ADV	OCATE	FOR A	ND ESTABL	ISH	LITERACY	.AS			
Se		A V.	ALUE IN EVERY HOME IN AN	MERICA.										
nar			<del></del>											
Governance	2			iscontinued its operations	•				1 1	ı				
			per of voting members of the governing						3		12.			
چ دو			per of independent voting members of t						4		11.			
/itie	5	Total	number of individuals employed in cale	endar year 2018 (Part V, lir	ne 2a)				5	_	23.			
Activities			number of volunteers (estimate if necess						6	2,	723.			
⋖			unrelated business revenue from Part V						7a		0			
	b	Net u	nrelated business taxable income from	Form 990-T, line 34					7b		0			
					Prior Year	_	Current Ye							
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)		COBY	f FOR	ז إ	4,410,04	_	2,549				
	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN		.l		0.		,930			
Şe.			tment income (Part VIII, column (A), line				┙┝──	2,110,70	_		,321			
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				450,64			,423			
			revenue - add lines 8 through 11 (must				_	6,971,39	_	3,756				
			s and similar amounts paid (Part IX, colu					213,00	0.0	133	,303			
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)					0.		0			
es			es, other compensation, employee bene					2,357,99	3.	2,551	<u>,631</u>			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column			0.		0						
ž	b	Total	fundraising expenses (Part IX, column (I											
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				1,687,52	_	1,915				
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			4,258,52		4,600				
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				2,712,87	2.	-844	,269			
s or							Begin	ning of Current		End of Year				
set	20	Total	assets (Part X, line 16)					32,183,12	_	31,986				
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					2,366,05		2,292				
		Net as	ssets or fund balances. Subtract line 21	from line 20				29,817,06	6.	29,693	<u>,030</u> .			
Pa	rt II	Sig	gnature Block											
Und	der per	nalties o	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	is return, including accompa	anying schedu	les and stat	ements, a	and to the best of	my	knowledge and bel	lief, it is			
	, 000	101, 01.10	complete: 2 colaration of proparet (ethici that			p. opa. o	nao any na							
Sig	n													
Hei		'	Signature of officer					Date						
116	C		EVANGELINE FIELDS		CFO									
			Type or print name and title	T=										
Paid			Type preparer's name	Preparer's signature		Date		Check	if	PTIN				
	oarer	STA	CEY T KOLKA					self-employ		P01371120				
	Only	Firm's	sname > THOMAS HOWELL FE	RGUSON P.A.				· · · · · · · · · · · · · · · · · · ·		-3186310				
			s address > 2615 CENTENNIAL BLVD.,					Phone no.	850	0-668-8100				
Мау	the II	RS dis	cuss this return with the preparer show	n above? (see instructions	)					X Yes	No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>990</b>	(2018)			

Page 2 Form 990 (2018)

1 Briefly describe the organization's mission: THE BRABAR BUSH POUNDATION IS THE NATION'S LEADING ADVOCATE FOR FAMILY LITERACY, PROVIDING ACCESS TO AND CHOICE OF EDUCATIONAL OPPORTUNITIES FOR PARENTS AND THEIR YOUNG CHILDREN.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  1 '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?  1 '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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.  4a (Code:	Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
PANLLY LITERACY, PROVIDING ACCESS TO AND CHOICE OF EDICATIONAL OPPORTUNITIES FOR PARENTS AND THEIR YOUNG CHILDREN.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1	Briefly describe the organization's mission:
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 990-E27		
prior Form 990 or 990-E27		OPPORTUNITIES FOR PARENTS AND THEIR YOUNG CHILDREN.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	prior Form 990 or 990-EZ?
services?	_	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.  4 (Code:) (Expenses \$	3	services?
### ATTACHMENT 1  ### ATTACHMENT 2  ### ATTACHMENT 2  ### ATTACHMENT 2  ### ATTACHMENT 3  ### ATTACHMENT 3  ### ATTACHMENT 3  ### ATTACHMENT 3	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to other
4c (Code:) (Expenses \$	4a	
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$	<u></u>	(Code: \ /Expenses \ 767.476 including grapts of \ 122.202 \ /(Revenue \ 705.020 \)
ATTACHMENT 3  4d Other program services (Describe in Schedule O.)	7.0	
ATTACHMENT 3  4d Other program services (Describe in Schedule O.)		
ATTACHMENT 3  4d Other program services (Describe in Schedule O.)		
ATTACHMENT 3  4d Other program services (Describe in Schedule O.)		
4d Other program services (Describe in Schedule O.)	4c	(Code:) (Expenses \$
		ATTACHMENT 3
(=-poinced # 1/301/303, indicaling grained of # /(Notolido # /	4d	

Form 990 (2018) Page **3** 

#### 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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . .

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			· v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?			
			~~~	

Form **990** (2018)

Form 990 (2018) Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 24			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country: ►			
		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I-		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	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		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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

Sect	ion 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 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Codo	. 1	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No
40-	Did the consciention have lead about on househoe on officers?	10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
11a 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? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 4			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)			
				_
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial 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 record EVANGELINE FIELDS 516 NORTH ADAMS STREET TALLAHASSEE, FL 32301 850-562-5300	S P		

Form **990** (2018)

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer (Architecture)  Officer (Architecture)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
	1.1.00					<u> </u>				
(1)CHRIS FRANGIONE	14.00			3.7				002 007		2 000
INTERIM CEO/DIRECTOR	0.	X		X				203,287.	0.	3,999.
(2)DAVID BERE'	1.00	3.7		3.7						0
TREASURER  (3)DORO BUSH KOCH	1.00	Х		X				0.	0.	0.
HONORARY CHAIR	0.	X						0.	0.	0.
(4)GOVERNOR BOB WISE	1.00	Λ						0.	0.	0.
DIRECTOR	0.	X						0.	0.	0.
(5)JEAN BECKER	1.00	Λ						0.	0.	0.
SECRETARY	0.	X		Х				0.	0.	0.
(6)JEB BUSH, JR.	1.00							· ·	· ·	
DIRECTOR	0.	Х						0.	0.	0.
(7)MARK KAPLAN	1.00									
CHAIR (PARTIAL TERM)	0.	Х		Х				0.	0.	0.
(8)PEGGY CONLON	1.00									
CHAIR (PARTIAL TERM)	0.	Х		Х				0.	0.	0.
(9)TIMOTHY E. GAGE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)TRICIA REILLY KOCH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)BRITISH ROBINSON	60.00									
PRESIDENT/CEO	0.	Х		Х				82,300.	0.	0.
(12)GWYNN VIROSTEK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)LORI WACHS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)EVANGELINE FIELDS	40.00									
CHIEF FINANCIAL OFFICER	0.	I	1	Х	l			152,381.	0.	6,590.

Form **990** (2018)

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Part VII Section A. Officers, Directors, Tru		, <u></u>	٠,٣٠٠				<u>9</u> '		1 1	•
(A) Name and title	Average hours per week (list any hours for related	box, unless person is both an officer and a director/trustee)			an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
5) FONDA ANDERSON	40.00									
CHIEF STRATEGIC OFFICER	0.					Х		201,979.	0.	16,15
5) ANNE DAVIES	40.00									
CHIEF DEVELOPMENT OFFICER	0.					Х		198,012.	0.	16,88
7) SUSAN JAMES	40.00									
CHIEF MARKETING OFFICER	0.					Х		235,640.	0.	13,00
B) LIZA MCFADDEN PRESIDENT/CEO	0.						Х	267,063.	0.	14,13
								437,968.	0.	10,58
b Sub-total								902,694.	0.	60,18
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-							1,340,662.	0.	70,77
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re			
B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes 3
For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	3,"	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	rom	any	un	related organization	on or individual	5
Section B. Independent Contractors										

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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

Page 9

### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	nv line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e	300,000.				
ntributio I Other	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,249,964.				
a So	g	Noncash contributions included in lines 1a-1f: \$		2,549,964.			
	h	Total. Add lines 1a-1f	Business Code	2,549,964.			
eun			business code	20.000	22.222		
Program Service Revenue	2a b c d	MAINE LITERACY CONFERENCE		28,930.	28,930.		
аï	е						
ogi	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	28,930.			
	3	Investment income (including dividen	ds, interest,				
		and other similar amounts)	▶	752,163.			752,163.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	60	Gross roots					
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)		0			
	d _	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount nom sales of	(II) Other				
		assets other than inventory 21,990,705.					
	b	Less: cost or other basis					
		and sales expenses 21,757,547.					
	С	Gain or (loss) 233,158.					
	d	Net gain or (loss)	<u></u> ▶	233,158.			233,158.
ø.	8a	Gross income from fundraising					
ğ		events (not including \$					
eve		of contributions reported on line 1c).					
5		See Part IV, line 18 a	843,862.				
Other Revenue	h	Less: direct expenses b	651,439.				
0	C	Net income or (loss) from fundraising events		192,423.			192,423.
				222,123.			2.2,123.
	уа	Gross income from gaming activities.  See Part IV, line 19	0.				
		Less: direct expenses b		0.			
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a	0.				
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С	All of					
	d	All other revenue		0.			
	e	Total. Add lines 11a-11d			00.005		1 185 541
	12	Total revenue. See instructions.		3,756,638.	28,930.		1,177,744.

# 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).

000	Check if Schedule O contains a response or note to any line in this Part IX										
			(B)								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	133,303.	133,303.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	_									
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	1 510 560	004 003	150 100	440.660						
	trustees, and key employees	1,512,769.	904,903.	159,197.	448,669.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	0									
_	persons described in section 4958(c)(3)(B)	0. 695,140.	415,817.	73,153.	206,170.						
	Other salaries and wages	093,140.	413,617.	73,133.	200,170.						
8	Pension plan accruals and contributions (include	136,661.	81,747.	14,382.	40,532.						
_	section 401(k) and 403(b) employer contributions)	62,917.	37,635.	6,621.	18,661.						
	Other employee benefits	144,144.	86,224.	15,169.	42,751.						
10	Payroll taxes		00,221.	13,107.							
	Fees for services (non-employees):  Management	0.									
	) Legal	69,669.	25,487.	13,784.	30,398.						
	Accounting	26,981.	12,244.	7,754.	6,983.						
	Lobbying	0.	·		<u> </u>						
	Professional fundraising services. See Part IV, line 17	0.									
	f Investment management fees	156,755.	133,409.	2,066.	21,280.						
	Other. (If line 11g amount exceeds 10% of line 25, column										
·	(A) amount, list line 11g expenses on Schedule O.) ATCH 6	908,735.	773,394.	11,974.	123,367.						
12	Advertising and promotion	7,989.	6,799.	105.	1,085.						
13	Office expenses	48,164.	28,355.	8,093.	11,716.						
14	Information technology	6,517.	5,546.	86.	885.						
15	Royalties	0.									
16	Occupancy	28,073.	13,423.	7,538.	7,112.						
17	Travel	163,090.	112,666.	12,771.	37,653.						
18	Payments of travel or entertainment expenses	0									
	for any federal, state, or local public officials	0.	20 244								
19	Conferences, conventions, and meetings	28,344.	28,344.								
20	Interest	0.									
21	Payments to affiliates	9,291.	4,525.	2,242.	2,524.						
22	Depreciation, depletion, and amortization	22,496.	10,289.	6,330.	5,877.						
23	Insurance	22,150.	10,200.	0,550.	3,077.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
a	BOOKS AND MATERIALS	310,477.	310,477.								
_	DUES AND SUBS	79,396.	44,743.	3,776.	30,877.						
c	OTHER EXPENSES	26,108.	18,934.	1,764.	5,410.						
d	MAINE LITERACY CONFERENCE	23,888.	23,888.								
e	All other expenses										
	Total functional expenses. Add lines 1 through 24e	4,600,907.	3,212,152.	346,805.	1,041,950.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.									
_		3.1			Form 990 (2019)						

Page **11** Form 990 (2018)

#### Balance Sheet Part X

		Check if Schedule O contains a response o	r not	e to any line in this P	Check if Schedule O contains a response or note to any line in this Part X									
		•		-	(A)		(B)							
_					Beginning of year		End of year							
	1	Cash - non-interest-bearing			400,395.	1	631,024.							
	2	Savings and temporary cash investments	[	2,201,752.	2	1,592,757.								
	3	Pledges and grants receivable, net			1,790,836.	3	356,284.							
	4	Accounts receivable, net	0.	4	0.									
	5	Loans and other receivables from current and t												
		trustees, key employees, and highest co	mpei	nsated employees.										
					0.	5	0.							
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont												
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu												
		organizations (see instructions). Complete Part II of Sche			0.	6	0.							
ets	7	Notes and loans receivable, net			0.	7	0.							
Assets	8	Inventories for sale or use			0.	8	0.							
_	9	Prepaid expenses and deferred charges			13,266.	9	19,671.							
	10 a	Land, buildings, and equipment: cost or												
			10a	58,806.										
	b	Less: accumulated depreciation	10b	37,608.	18,474.	10c	21,198.							
	11	Investments - publicly traded securities			27,704,117.	11	29,296,464.							
	12	Investments - other securities. See Part IV, line 11			54,283.	12	68,615.							
	13	Investments - program-related. See Part IV, line 11		0.	13	0.								
	14	Intangible assets	F	0.	14	0.								
	15	Other assets. See Part IV, line 11			0.	15	0.							
	16	Total assets. Add lines 1 through 15 (must equal			32,183,123.	16	31,986,013.							
	17	Accounts payable and accrued expenses			649,541.	17	572,065.							
	18	Grants payable	1,000,000.	18	1,000,000.									
	19	Deferred revenue		716,516.	19	720,918.								
	20	Tax-exempt bond liabilities			0.	20	0.							
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.							
Se	22	Loans and other payables to current and for	rmer	officers, directors,										
Liabilities		trustees, key employees, highest compen	sated	employees, and										
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.							
	23	Secured mortgages and notes payable to unrelate			0.	23	0.							
	24	Unsecured notes and loans payable to unrelated	hird p	arties	0.	24	0.							
	25	Other liabilities (including federal income tax,	oayab	les to related third										
		parties, and other liabilities not included on lines	17-2	4). Complete Part X										
		of Schedule D			0.	25	0.							
	26	Total liabilities. Add lines 17 through 25			2,366,057.	26	2,292,983.							
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here   X  and										
Fund Balances	27	Unrestricted net assets			29,817,066.	27	29,402,419.							
Bal	28	Temporarily restricted net assets			0.	28	290,611.							
Ę	29	Permanently restricted net assets		<u></u> [	0.	29	0.							
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and										
	30	Capital stock or trust principal, or current funds				30								
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31								
	32	Retained earnings, endowment, accumulated inco				32								
Net	33	Total net assets or fund balances	•		29,817,066.	33	29,693,030.							
_	34	Total liabilities and net assets/fund balances			32,183,123.	34	31,986,013.							
-							Form <b>990</b> (2018)							

Form **990** (2018)

Page **12** Form 990 (2018)

Part	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			56,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2			00,9			
3	Revenue less expenses. Subtract line 2 from line 1	3			44,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,817,066. 720,233.				
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		29,6	93,0	30.		
Part	·							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.							
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 con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n 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	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	counta	ınt?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, $\epsilon$	explain	n in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

Form **990** (2018)

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BARBARA BUSH FOUNDATION

FOR FAMILY LITERACY INC

Employer identification number 26-0587238

Рa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplete	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throuç	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		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 o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•			•	, , , , , , ,	
7	X	An organization that norma	-		pport fro	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)		•	<b>5</b> (II)			
8		A community trust describe					12	land was at as the ma
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	rtne college or
10		university: An organization that norma	lly receives: (1) m	oro than 224 (0.0/ of ita	aunnart	from oo	ntributions momborsh	oin food, and aroon
10		receipts from activities rela	ted to its exempt f	functions - subject to o	certain e	xception	s. and (2) no more tha	n 331/3 % of its
		support from gross investmacquired by the organizatio	nent income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
11		An organization organized				•	•	
12		An organization organized	•	•	•			arry out the purposes
_		of one or more publicly su	•	•				• •
		Check the box in lines 12a t	· ·					
а		Type I. A supporting orga	=			-	•	_
	_	the supported organization	· ·	•	-			
		supporting organization.				, ,		
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		Type III functionally integrated	<b>grated.</b> A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,
		its supported organization		•				
d		Type III non-functionally			-			
		that is not functionally into	•	• •	-		•	d an attentiveness
		requirement (see instruct	•	•				
е		Check this box if the orga						I, Type III
f	En	functionally integrated, or	7 1	, ,		_		
'n		iter the number of supported ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(-,	and or oupported organization	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
/ A \						110		
(A)								
(B)								
(C)								
(D)								
(E)								
Tate	al .							1

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,769,600.	4,462,540.	3,086,478.	4,410,041.	2,549,964.	34,278,623.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	19,769,600.	4,462,540.	3,086,478.	4,410,041.	2,549,964.	34,278,623.
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).						0.
_6_	Public support. Subtract line 5 from line 4						34,278,623.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	19,769,600.	4,462,540.	3,086,478.	4,410,041.	2,549,964.	34,278,623.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	800,693.	823,086.	768,803.	733,273.	752,163.	3,878,018.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	3,777.					3,777.
11	Total support. Add lines 7 through 10						38,160,418.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup	•	•				00.03
14	Public support percentage for 2018 (li		-			14	89.83 <b>%</b> 90.90 <b>%</b>
15	Public support percentage from 2017					15	
16a	331/3% support test - 2018. If the or						
	box and <b>stop here.</b> The organization q	•		•			
b	331/3% support test - 2017. If the org	=					
47-	this box and <b>stop here.</b> The organization	•		_			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			_	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organic	•					
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
. 5	instructions						
				• • • • • • • •		· · · · · · · · · · ·	····

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		(4) 20	(3) 20.0	(0) 20 10	(4) 20 11	(0) 20 : 0	(1) 1 0101
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is form	-					
	organization, check this box and stop here.						▶ 🔃
	tion C. Computation of Public Supp			(0)			
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2018 (lin	ne 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	ganization did n	ot check the box	c on line 14, and	d line 15 is mo	re than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organ	ization . >
b	331/3% support tests - 2017. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than $331/3\%$ , check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 💹
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19b	check this b	ox and see instr	ructions >

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
ng <i>by</i>			
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nd <i>he</i>			
	3b		
B)	3с		
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on ed (B)	4b		
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_	10b	000 5	7) 2040

Page 5 Schedule A (Form 990 or 990-EZ) 2018

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

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)	
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		- ,

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

					ATTACHMENT	1	
SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL	
MISC INCOME	3,777.					3,777.	
TOTALS	3,777.					<u>3,777.</u>	

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY INC 26-0587238 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY INC

Employer identification number 26-0587238

art I	Contributors (s	ee instructions).	Use duplicate	copies of Part	I if additional space	e is needed.
-------	-----------------	-------------------	---------------	----------------	-----------------------	--------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$91,388.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_			Person
		\$500,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$	Payroll Noncash (Complete Part II for

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

Name of organization THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY INC

Employer identification number 26-0587238

	FOR FAMILI LITERACT INC		20 0307230
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions.) Name of organization THE BARBARA BUSH FOUNDATION Employer identification number FOR FAMILY LITERACY INC 26-0587238

Part II	Noncash Property	(see instructions). Use du	inlicate copies of Part II if	additional space is needed.
	110110acii i i opciity	(000 111011 00110110). 000 00	ipiloato oopioo oi i ait ii ii	additional opaco io nocaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization THE BARBARA BUSH FOUNDA		Employer identification number
David III	FOR FAMILY LITERACY INC		26-0587238
Part III	(10) that total more than \$1,000 for the	he year from any one contri ns completing Part III, enter to year. (Enter this information	ns described in section 501(c)(7), (8), or ibutor. Complete columns (a) through (e) and he total of exclusively religious, charitable, etc., once. See instructions.) ▶\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
_ <del>_</del>			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			,

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury

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

**Open to Public** Inspection

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5768 (election un	der section 501(h)): Co	emplete Part II-A. Do not com	plete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)	)): Complete Part II-B. Do no	t complete Part II-A.
Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga				
	e of organization THE BARBA			• •	ntification number
	R FAMILY LITERACY INC			26-058	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.
1	•	organization's direct and indirect p	olitical campaign a	ctivities in Part IV. (see in	structions for
	definition of "political campa	,			
2		xpenditures (see instructions)			
3		campaign activities (see instruction			
Par		organization is exempt under s			
1	Enter the amount of any exc	ise tax incurred by the organization	n under section 495	5▶\$	
2		sise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	<u>).                                    </u>
1		xpended by the filing organization			
2	Enter the amount of the filir	ng organization's funds contributed	to other organizati	ions for section	
3		enditures. Add lines 1 and 2. En			
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promed or a political action committee (F	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organization from the filing organization of the filing organization organizati	ations to which the filing cation's funds. Also enter ditical organization, such
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
		1		1	l .

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

Schedule C (Form 990 or 990-EZ) 2018

(4)

(5)

(6)

Schedule C (Form 990 or 990-EZ) 20	18 IRE DA	Ud AAAdA	SH FOUNDALION		20-0	30/230	Page Z
Part II-A Complete if t section 501(h		on is exen	npt under sectior	1 501(c)(3) and	filed Form 5768 (ele	ction under	ſ
			affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,	
<b>B</b> Check ▶ if the filing	organization ch	ecked box A	and "limited contro	l" provisions app	ly.		
	Limits on Lobb penditures" m		ditures ets paid or incurred.	)	(a) Filing organization's totals	(b) Affilia group to	
1a Total lobbying expenditu	res to influence	public opini	on (grass roots lobb	ying)			
<b>b</b> Total lobbying expenditu							
c Total lobbying expenditu	res (add lines 1	a and 1b)					
d Other exempt purpose e				<u> </u>	3,188,264.		
e Total exempt purpose ex					3,188,264.		
f Lobbying nontaxable ar							
columns.					309,413.		
If the amount on line 1e, co	olumn (a) or (b) is:	The lobbyin	g nontaxable amount i	is:			
Not over \$500,000			amount on line 1e.				
Over \$500,000 but not ove	r \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.							
Over \$1,500,000 but not ov	/er \$17,000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.			
Over \$17,000,000		\$1,000,000.					
g Grassroots nontaxable a	mount (enter 2	5% of line 1f)			77,353.		
h Subtract line 1g from line					0.		0.
i Subtract line 1f from line	1c. If zero or le	ss, enter -0-		[	0.		0.
j If there is an amount o					tion file Form 4720		
reporting section 4911 t	ax for this year?					Yes	No
			aging Period Under				
(Some organization	ons that made a	a section 50	1(h) election do no	t have to comple	ete all of the five colum	ıns below.	
	See	the separat	e instructions for I	ines 2a through	<b>2f.</b> )		
	Lobi	ying Exper	ditures During 4-Ye	ear Averaging Pe	riod		
Calendar year (or fiscal year beginning in)	ar (a	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> To	tal
2a Lobbying nontaxable amoun	nt <u>!</u>	595,076.	795,410.	309,49	6. 309,413.	2,009	9,395.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)	)					3,014	1,093.
c Total lobbying expenditures							
d Grassroots nontaxable amou	unt .	140,024.	22,078.	77,37	4. 77,353.	316	5,829.
e Grassroots ceiling amount							

198,853.

Schedule C (Form 990 or 990-EZ) 2018

475,244.

347,622.

(150% of line 2d, column (e)) f Grassroots lobbying expenditures

148,769.

Page 3 Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).  or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				(b)		
	·	Yes	No	,	Amoun	t	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g h	Direct contact with legislators, their staffs, government officials, or a legislative body?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5)	, or s	section			
	σστ(σ),σ).				Y	es No	
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			🗀	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)				3		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."				ine 3,	is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amoun	nts (	of				
	political expenses for which the section 527(f) tax was paid).			20			
	Current year			2a 2b			
	Carryover from last year			2c			
с 3	Total			3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lol						
	and political expenditure next year?			4			
	Taxable amount of lobbying and political expenditures (see instructions)			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp list	t); Part II-	A, line	s 1 and	
(30	e instructions), and rait ind, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization THE BARBARA BUSH FOUNDATION Employer identification number FOR FAMILY LITERACY INC 26-0587238 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

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

Schedule D (Form 990) 2018

Page 2 Schedule D (Form 990) 2018

Pa	rt    Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (	(continued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any of	the follow	ving that are a sig	nificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d _	Loan	or exchan	ge progra	ms		
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey furth	er the or	ganization's exemp	ot purpose ir	n Part
	XIII.									
5	During the year, did the organization	on solicit o	or receive o	donations o	f art, histo	orical trea	asures, or	other similar		_
	assets to be sold to raise funds rath			ained as pa	rt of the	organizati	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	_		es" on For	m 990, F	Part IV, li	ne 9, or r	eported an amou	int on Form	
1a	Is the organization an agent, truste									
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the fo	llowing tab	ole:				
								Amoun	t	
С	Beginning balance						С			
d	Additions during the year						d			
е	Distributions during the year						е			
f	Ending balance						f			
	Did the organization include an am							•	Yes _	⊣ No
	If "Yes," explain the arrangement in the arrangemen	n Part XII	i. Check n	ere ii the e	xpianation	nas beer	i provided	on Part Alli		
Га	rt V Endowment Funds. Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 F	Part IV/ li	ne 10			
	Complete ii the organiza		rent year	(b) Prio			ears back	(d) Three years back	(e) Four year	s hack
4.	De sie sie se of oue ande de see		-		, you	(0, 1110)		(a) Three years back	(c) i oui your	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
لہ	and losses									
d	Grants or scholarships Other expenditures for facilities									
е	and programs									
	Administrative expenses									
f	End of year balance									
g 2	Provide the estimated percentage	of the cu	rront voar	and halance	o (lino 1a	column (	a)) hold ac			
a	Board designated or quasi-endown				e (iiile 1g,	coluiiii (	a)) Held as	•		
b	Permanent endowment	%		_						
С	Temporarily restricted endowment	<u> </u>	%							
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%.						
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and admir	nistered for the		
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	Ū		•					3b	$\perp$
4	Describe in Part XIII the intended u			tion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	u <b>ipment.</b> ation ans	wered "Y	es" on Foi	m 990 I	Part IV I	ine 11a .	See Form 990 P	art X line 1	Λ
	Description of property		(a) Cost or	other basis		or other basi			d) Book value	·
			(inves		(0	ther)		eciation		
1a	Land	The state of the s								
b	Buildings									
C	Leasehold improvements					58,806	:	37,608.	21	198.
d	Equipment					20,000	'•	31,000.	∠⊥,	120.
	Other		equal For	n 990 Part	X colum	n (B) line	10c )		21	198.

Schedule D (Form 990) 2018

Page 3

Part VII Investments - Other Securities.

Part VII	Complete if the organization answe	red "Yes	s" on Form 990,	Par	t IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(I	b) Book value		<b>(c)</b> Method of valuat Cost or end-of-year mark	
(1) Financi	ial derivatives					
	r-held equity interests					
(3) Other_						
(A)						
(B)						
(C)						
(D)		_				
(E) (F)		_				
(F) (G)						
(H)						
	nn (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII						
	Complete if the organization answe	red "Yes	s" on Form 990,	Par	t IV, line 11c. See Form 990	Part X, line 13.
	(a) Description of investment	(b	b) Book value		(c) Method of valua Cost or end-of-year mark	tion: et value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.  Complete if the organization answe	rad "Vas	" on Form 990	Par	t IV line 11d See Form 990	Part Y line 15
		) Description		ı aı	Try, line Tru. See Form 390	(b) Book value
(1)	(a)	Description	) I I			(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	lumn (b) must equal Form 990, Part X, col. (	B) line 15	.)			
Part X	Other Liabilities. Complete if the organization answe line 25.					m 990, Part X,
1.	(a) Description of liability		(b) Book value	)		
(1) Fede	ral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 2	25.) 🕨				
2. Liability f	or uncertain tax positions. In Part XIII, provide	the text of	the footnote to the	orgai	nization's financial statements that re	ports the

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

Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,400,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.) 2d 651,439.	1	
e	Add lines 2a through 2d	2e	1,800,824.
3	Subtract line 2e from line 1	3	3,599,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a 156, 755.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	156,755.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,756,638.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	5,524,743.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,080,591.
3	Subtract line 2e from line 1	3	4,444,152.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 156, 755.	- 1	
b	Other (Describe in Part XIII.)	.	156 855
	Add lines 4a and 4b	4c	156,755.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,600,907.
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

### Part XIII Supplemental Information (continued)

PART XI: RECONCILIATION OF REVENUE

LINE 2D

DIRECT FUNDRAISING EVENT EXPENSES: \$651,439

FOR TAX RETURN PURPOSES, FUNDRAISING EXPENSES ARE REPORTED ON THE

STATEMENT OF REVENUES, PART VIII. HOWEVER, FOR AUDITED FINANCIAL

STATEMENT PURPOSES, FUNDRAISING EXPENSES ARE REPORTED WITH EXPENSES.

PART XII: RECONCILIATION OF EXPENSES

LINE 2D

DIRECT FUNDRAISING EVENT EXPENSES: \$651,439

FOR TAX RETURN PURPOSES, FUNDRAISING EXPENSES ARE REPORTED ON THE

STATEMENT OF REVENUES, PART VIII. HOWEVER, FOR AUDITED FINANCIAL

STATEMENT PURPOSES, FUNDRAISING EXPENSES ARE REPORTED WITH EXPENSES.

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization THE BARBARA BUSH FOUNDATION Employer identification number 26-0587238 FOR FAMILY LITERACY INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ X Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 105,414. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Page 2 Schedule G (Form 990 or 990-EZ) 2018

		events with gross receipts gre	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	
			FL CELEBRATION	ME CELEBRATION	1.	(d) Total events (add col. (a) through
45			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	255,453.	245,550.	342,859.	843,862
22	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)		245,550.	342,859.	843,862
	4	Cash prizes				
"	5	Noncash prizes				
nses	6	Rent/facility costs	17,875.		11,606.	29,481
Direct Expenses	7	Food and beverages	56,651.	417.	36,067.	93,135
Direc	8	Entertainment				
	9	Other direct expenses	214,157.	76,726.	237,374.	528,257
	10 11 rt		ne 10 from line 3, colu anization answered "	ımn (d)		650,873 192,989 reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
	4	Rent/facility costs				
Ë	5	Other direct expenses				
Direct	_		Yes %			
— Dir		Volunteer labor	No	No No	No	
 	6	Volunteer labor	No			
	6		es 2 through 5 in colu	mn (d)		
9 8 8	6 7 8	Direct expense summary. Add lin	es 2 through 5 in colusibract line 7 from line anization conducts gaduct gaming activities	mn (d)  1, column (d)  ming activities: in each of these state	<b>&gt;</b>	Yes No
9	6 7 8	Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org. Is the organization licensed to con	es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	mn (d)  1, column (d)  ming activities: in each of these state	ss?	

#### THE BARBARA BUSH FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2018 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

GLEN BURNIE MD 21060

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		YES NO			
MARTHA HOWE					
		X		52,500.	
1035 N. EDGEFIELD AVE					
DALLAS					
TX 75208					
BROULILLETTE, BARRY,					
FARMER & KORANDO, LLC		X		52,914.	
927 THURSTON LANE					

### SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

THE BARBARA BUSH FOUNDATION **Employer identification number** Name of the organization FOR FAMILY LITERACY INC 26-0587238 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (g) Description of 1 (a) Name and address of organization (b) EIN (e) Amount of non-(h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) SCHOOL BOARD OF MIAMI DADE 1450 NE 2ND AVENUE, ROOM 760 59-6000572 GOV'T 19,303. LITERACY (2) BROWARD EDUCATION FOUNDATION 59-2359433 13,000. PO BOX 5408 FORT LAUDERDALE, FL 33310 501(C)(3) LITERACY (3) UNITED WAY CAPITAL AREA - JACKSON SCHOOLS 843 N. PRESIDENT STREET JACKSON, MS 39202 64-0303075 501(C)(3) 7,000. LITERACY (4) POLK COUNTY SCHOOLS 1915 SOUTH FLORAL AVENUE BARTOW, FL 33831 59-6000807 5,500. LITERACY (5) (6) (7) (8) (9) (10)(11)(12)4.

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

Schedule I (Form 990) (2018)

THE BARBARA BUSH FOUNDATION 26-0587238

Schedule I (Form 990) (2018)

### Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

GRANTS ARE DETERMINED BY EACH PROGRAM'S NEEDS AND BY THE ORGANIZATION'S FAMILY LITERACY BUDGET. PROGRAMS REQUEST FUNDING AND PROVIDE LINE ITEM BUDGETS WITH NARRATIVES ON HOW DOLLARS WILL BE SPENT. EACH PROGRAM MUST MEET PROGRAMMATIC DELIVERABLES AND FILE FINANCIAL REPORTS FOR SPECIFIED REPORTING PERIODS AS DEFINED IN THEIR FUNDING AGREEMENT/CONTRACT. FINANCIAL REPORTS ARE ACCOMPANIED BY SOURCE DOCUMENTATION VERIFYING EXPENDITURES. EACH EXPENDITURE IS VERIFIED AGAINST THE PROGRAM'S APPROVED LINE ITEM BUDGET. NONAPPROVED EXPENSES ARE DOCUMENTED AND ARE NOT INCLUDED IN THE REIMBURSEMENT/PAYMENT PROCESS.

Schedule I (Form 990) (2018)

#### **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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOR FAMILY LITERACY INC

THE BARBARA BUSH FOUNDATION

Employer identification number 26-0587238

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, 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)			
<b>L</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_	37	
а	Receive a severance payment or change-of-control payment?	4a	Х	37
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts 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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
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
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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		

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

Schedule J (Form 990) 2018

THE BARBARA BUSH FOUNDATION 26-0587238

Schedule J (Form 990) 2018 Page 2

### 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	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
CHRIS FRANGIONE	(i)	203,287.	0.	0.	3,999.	0.	207,286.	0.	
1 INTERIM CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
LIZA MCFADDEN	(i)	80,782.	0.	186,281.	6,463.	7,672.	281,198.	0.	
2PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
FONDA ANDERSON	(i)	183,979.	18,000.	0.	16,158.	0.	218,137.	0.	
CHIEF STRATEGIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANNE DAVIES	(i)	182,250.	15,762.	0.	12,241.	4,647.	214,900.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
SUSAN JAMES	(i)	148,247.	14,250.	73,143.	13,008.	0.	248,648.	0.	
5 <sup>CHIEF</sup> MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
EVANGELINE FIELDS	(i)	143,299.	9,082.	0.	6,590.	0.	158,971.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.					
	(i)								
	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
_14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2018

THE BARBARA BUSH FOUNDATION 26-0587238

Schedule J (Form 990) 2018 Page 3

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

SUSAN JAMES RECEIVED \$73,143 AND LIZA MCFADDEN RECEIVED \$186,281 IN

SEVERANCE DURING CALENDAR YEAR 2018.

### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE BARBARA BUSH FOUNDATION

FOR FAMILY LITERACY INC

Employer identification number 26-0587238

FORM 990, PART I - VOLUNTEERS

LINE 6

THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY, INC IS A PUBLIC CHARITY.

MRS. BARBARA BUSH IS THE FOUNDER OF THE BARBARA BUSH FOUNDATION. THE BUSH

FAMILY IS PROUD TO SUPPORT LITERACY THROUGH THEIR PHILANTHROPIC EFFORTS.

DOROTHY BUSH KOCH IS HONORARY CHAIR AND IS A VOLUNTEER MEMBER OF THE

BOARD OF DIRECTORS. DOROTHY'S SISTER-IN-LAW, TRICIA REILLY KOCH, AND

NEPHEW, JEB BUSH, JR ARE ALSO VOLUNTEER MEMBERS OF THE BOARD OF

DIRECTORS. OTHER BUSH FAMILY MEMBERS WHO LEND THEIR NAME AND VALUABLE

TIME AS VOLUNTEERS, PARTICULAR TO SUPPORT CELEBRATION OF READING EVENTS,

INCLUDE PRESIDENT GEORGE W AND LAURA BUSH, GOVERNOR JEB AND COLUMBA BUSH,

MARVIN AND MARGARET BUSH, JENNA BUSH HAGER, SAM LEBLOND, ELLIE SOSA AND

GIGI KOCH.

FORM 990, PART VI: GOVERNANCE, MANAGEMENT & DISCLOSURE SECTION A

LINE 2

DORO BUSH KOCH AND TRICIA REILLY KOCH ARE RELATED AND HAVE A BUSINESS RELATIONSHIP.

JEB BUSH, JR AND DORO BUSH KOCH ARE RELATED.

LINE 8

THE EXECUTIVE COMMITTE SHALL BE VESTED WITH THE POWERS PERMITTED BY THE BOARD OF DIRECTORS CONSISTENT WITH THE FOLLOWING COMPOSITION. THE

Name of the organization THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY INC

Employer identification number 26-0587238

EXECUTIVE BOARD/COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE FOUNDATION, INCLUDING THE CHAIR, VICE CHAIR, SECRETARY AND TREASURER.

**MEETINGS** 

THE EXECUTIVE COMMITTEE SHALL MEET AT LEAST TWO(2) TIMES PER YEAR, EXCLUSIVE OF THE MEETINGS OF THE BOARD OF DIRECTORS.

TERMS

MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF TWO(2)

YEARS, CONSISTENT WITH THE NOMINATIONS FOR SERVICE AS OFFICERS OF THE

CORPORATION. MEMBERS MAY SERVE AS MANY TERMS AS DESIRED AT THE DISCRETION

OF THE MAJORITY OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MAY

MEET AT THE WILL OF THE CHAIR TO MAKE DECISIONS IN BETWEEN MEETINGS OF

THE FULL BOARD.

FORM 990, PART VI, SECTION B

LINE 11B

THE FORM 990 AND ALL ACCOMPANYING SCHEDULES ARE PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON DATA SUPPLIED BY THE ORGANIZATION. ONCE A REVIEW IS PERFORMED BY MANAGEMENT OF THE ORGANIZATION, THE FORM 990 AND ALL ACCOMPANYING SCHEDULES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B

LINE 12C

ANNUALLY, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERING

FOR FAMILY LITERACY INC

Employer identification number 26-0587238

MANAGEMENT STAFF AND BOARD MEMBERS IS REVIEWED AND REVISED AS REVISIONS

ARE CONSIDERED NECESSARY BY THE CEO. ANNUALLY THE MANAGEMENT STAFF AND

BOARD MEMBERS ARE REQUIRED TO REVIEW, SIGN, AND SUBMIT A CONFLICT OF

INTEREST FORM. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT, THE

BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS

AND, IF SO THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR

TAKE ANY OTHER ACTIONS DEEMED NECESSARY TO ADDRESS THE CONFLICT AND

PROTECT THE BARBARA BUSH FOUNDATION'S BEST INTEREST.

FORM 990, PART VI, SECTION B

LINE 15

THE EXECUTIVE BOARD OF DIRECTORS REVIEWED THE SALARY RANGES THAT WERE BASED ON REVIEW OF VARIED SALARY SURVEYS AND AN ANALYSIS OF SELECT ORGANIZATION'S FORMS 990S COMBINED WITH AN ANALYSIS OF A NOT-FOR-PROFIT SALARY GUIDE. THE SALARY RANGE WAS APPROVED FOR THE CEO AND STAFF ON JUNE 9, 2016. THE CHAIRMAN OF THE BOARD PERFORMS AN ANNUAL REVIEW OF THE CEO AND MAY AWARD A BONUS. THE PROCESS IS DOCUMENTED IN THE EXECUTIVE BOARD MEETING MINUTES, AND IN THE ANNUAL PERFORMANCE REVIEW OF THE CEO.

FORM 990, PART VI, SECTION C

LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE BARBARA BUSH FOUNDATION'S SIGNATURE TWO-GENERATION FAMILY LITERACY PROGRAMS PROVIDE PARENTS AND THEIR YOUNG CHILDREN,

TYPICALLY BIRTH THROUGH AGE FIVE, THE OPPORTUNITY TO IMPROVE THEIR LITERACY SKILLS IN THE SAME LEARNING ENVIRONMENT. THE MOST RECENT EVALUATION DETERMINED THAT PARENTS ENROLLED IN THE PROGRAMS, ON AVERAGE, IMPROVED THEIR LITERACY SKILLS BY TWO GRADE LEVELS IN ONE YEAR. NEARLY HALF OF ALL PRESCHOOLERS ENTERING THE PROGRAMS WERE AT RISK FOR DEVELOPMENTAL DELAYS. BY THE END OF THE PROGRAM, ONLY 14% REMAINED AT RISK, REPRESENTING A 70% DECREASE IN THE NUMBER OF CHILDREN AT RISK FOR DEVELOPMENTAL DELAYS.

THE FOUNDATION'S EARLY LITERACY EFFORTS ALSO INCLUDED WORKING WITH
THE MOTT FOUNDATION TO CREATE "EXTENDING AND ENHANCING LITERACY
LEARNING IN AFTERSCHOOL PROGRAMS: A PRACTICE GUIDE." THIS GUIDE
AND CURRICULUM OVERVIEW PROVIDES SUPPORT FOR EARLY LITERACY
PROGRAMMING IN 21ST CENTURY COMMUNITY LEARNING CENTERS AND OTHER
FORMAL AFTERSCHOOL PROGRAMS. IN ADDITION, THE BARBARA BUSH
FOUNDATION DEVELOPED AN ONLINE EARLY LITERACY COURSE TO PROVIDE
AFTERSCHOOL AND CHILD CARE PROVIDERS SOME BASIC TRAINING IN
LITERACY IN ORDER TO ENHANCE THEIR PROGRAMS.

THE BARBARA BUSH FOUNDATION PARTNERED WITH PI BETA PHI, A NATIONAL SORORITY, TO DEVELOP AND PRESENT TRAINING ON LITERACY ADVOCACY TO PI BETA PHI MEMBERS IN FIVE LOCATIONS ACROSS THE U.S. PI BETA PHI MEMBERS THEN USED THE MATERIALS AND TRAINING RESOURCES TO ADVOCATE FOR LITERACY IN THEIR OWN COMMUNITIES. IN THE SUMMER OF 2018, THE BARBARA BUSH FOUNDATION CREATED A FACILITATOR'S GUIDE FOR PI BETA

Employer identification number

ATTACHMENT 1 (CONT'D)

Page 2

PHI TO USE TO CONTINUE TRAINING NEW LITERACY ADVOCATES AMONG THEIR MEMBERS.

THE BARBARA BUSH FOUNDATION CONTRACTED WITH A VENDOR TO CREATE A DIGITAL PLATFORM CALLED STORY MENTORS FOR FIRST GRADERS, WHICH INCLUDES 25 ONLINE BOOKS ACCOMPANIED BY MENTOR AND PARENT GUIDES. THE MATERIALS HAVE BEEN REVIEWED BY TEACHERS ACROSS THE NATION AND WERE OFFERED FREE OF CHARGE TO TEACHERS IN MISSISSIPPI TO EVALUATE OUR DISSEMINATION PROCESSES. STORY MENTORS FOR FIRST GRADERS WILL BE LAUNCHED NATIONALLY IN 2019.

THE 11TH ANNUAL MAINE LITERACY CONNECTIONS CONFERENCE WAS HELD AT THOMAS COLLEGE THIS YEAR, WITH NEARLY 300 EDUCATORS FROM CHILD CARE TO ADULT EDUCATION IN ATTENDANCE. HIGHLIGHTS INCLUDED A KEYNOTE BY DR. JAYNE SINGER FROM THE BRAZELTON TOUCHPOINTS CENTER AT HARVARD UNIVERSITY ON DEVELOPMENTAL, SOCIAL EMOTIONAL, AND TRAUMA FRAMEWORKS TO STRENGTHEN LEARNING. IN ADDITION, THE CONFERENCE PROVIDED MORE THAN 20 INDIVIDUAL WORKSHOPS FROM WHICH PARTICIPANTS COULD CHOOSE. ONE PARTICIPANT SHARED, "I LOOK FORWARD TO ATTENDING THIS CONFERENCE EVERY YEAR. I ALWAYS LEARN SO MUCH AND WALK AWAY ENERGIZED."

AND FINALLY, THE FOUNDATION WORKED WITH THE FLORIDA CHILDREN'S COUNCIL TO DEVELOP TRAINING MATERIAL FOR EARLY LITERACY PROVIDERS AND DELIVERED SEVERAL TRAINING WORKSHOPS ON LANGUAGE NUTRITION IN Name of the organization THE BARBARA BUSH FOUNDATION

FOR FAMILY LITERACY INC

Employer identification number
26-0587238

ATTACHMENT 1 (CONT'D)

FLORIDA.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

TEEN TRENDSETTERS IS A CROSS-AGE LITERACY MENTORING PROGRAM THAT
PAIRS MIDDLE AND HIGH SCHOOL STUDENTS (MENTORS) WITH STRUGGLING
READERS (MENTEES) IN FIRST THROUGH THIRD GRADE FOR WEEKLY
ONE-ON-ONE READING SESSIONS. THE GOAL IS TO IMPROVE READING SKILLS
IN THESE AT-RISK MENTEES, WHILE PROMOTING LEADERSHIP AND SERVICE
QUALITIES AMONG MENTORS. PARENTS ARE ALSO ENCOURAGED TO READ WITH
THEIR CHILD AT LEAST TWICE A WEEK, AND OVER THE COURSE OF THE
PROGRAM, CHILDREN RECEIVE 15-20 BOOKS TO ADD TO THEIR PERSONAL
HOME LIBRARIES.

THE 2018-19 TEEN TRENDSETTERS EVALUATION REPORT SHOWS THAT, ON AVERAGE, MENTEES DEMONSTRATED A 1.20 GRADE LEVEL INCREASE IN READING SKILLS, WHICH CORRESPONDS TO 50% MORE GROWTH THAN WOULD BE EXPECTED FOR AN AVERAGE STUDENT DURING THIS TIME PERIOD. HOWEVER, IT MUST BE REMEMBERED THAT THE MENTEES ARE NOT TYPICAL STUDENTS - THEY WERE SPECIFICALLY CHOSEN BECAUSE THEY WERE READING AT LEAST ONE-HALF YEAR BELOW GRADE LEVEL AND ONE MAY EXPECT THEM TO SHOW SMALLER GAINS THAN THE AVERAGE STUDENT WHO WAS READING AT GRADE LEVEL OR ABOVE. CONSEQUENTLY, THE ACTUAL IMPACT OF TEEN TRENDSETTERS ON MENTEES MAY BE GREATER THAN THE INCREASE OF 1.20 GRADE LEVELS WOULD IMPLY.

Employer identification number 26-0587238

ATTACHMENT 2 (CONT'D)

Page 2

WHILE THE FOCUS OF TEEN TRENDSETTERS IS ON MENTEE READING, MENTORS

ALSO GAIN FROM TAKING PART IN THE PROGRAM. THEY REPORT STRONGER

COMMUNICATIONS SKILLS, NEW LEADERSHIP SKILLS, THE ABILITY TO WORK

AS PART OF A TEAM, BETTER PROBLEM SOLVING, IMPROVED SELF

CONFIDENCE, AND EVEN ENHANCED READING SKILLS.

THE BARBARA BUSH FOUNDATION SUPPORTED 140 TEEN TRENDSETTERS

PROGRAMS IN 10 STATES IN 2018-19 WITH STIPENDS FOR ADVISORS,

TRAINING FOR ADVISORS AND MENTORS, CURRICULUM AND SUPPLEMENTAL

BOOKS FOR EACH MENTEE, AND INCENTIVES LIKE T-SHIRTS AND

CERTIFICATES OF COMPLETION. THE FOUNDATION ALSO SUPPORTED A

STUDENT INFORMATION SYSTEM, AN INDEPENDENT EVALUATOR, AND

TECHNICAL ASSISTANCE STAFF.

EACH STUDENT IS ALSO PAIRED WITH A TEEN WHO HAS BEEN TRAINED AS A READING MENTOR, AND THE PAIRS MEET WEEKLY TO PRACTICE READING DURING ONE-ON-ONE MENTORING SESSIONS. THE 2016-17 TEEN TRENDSETTERS EVALUATION REPORT SHOWS THAT, ON AVERAGE, MENTEES INCREASE THEIR READING BY 1.24 GRADE LEVELS. IN ADDITION, THE FIVE-YEAR AGGREGATE EVALUATION REPORT FROM 2011-2016 SHOWS THAT, ON AVERAGE, STUDENTS IN GRADES 1-3 ACHIEVED 18 TO 31 PERCENT MORE GROWTH IN THEIR READING SKILLS THAN ONE WOULD EXPECT FOR CHILDREN THEIR AGE.

26-0587238

Employer identification number

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

TODAY, 36 MILLION AMERICANS CANNOT READ ABOVE A BASIC LEVEL. THIS TRANSLATES TO ONE IN FIVE ADULTS IN THE U.S. WHO STRUGGLE TO READ SIMPLE SENTENCES AND BASIC VOCABULARY WORDS. TWO-THIRDS OF THESE 36 MILLION ARE NATIVE ENGLISH-SPEAKING CITIZENS AND ONE-THIRD ARE IMMIGRANTS. THESE ADULTS ARE MORE LIKELY TO BE UNEMPLOYED, TO GO TO PRISON, AND TO BE HOSPITALIZED. THEIR CHILDREN ARE ALSO AT A SIGNIFICANTLY HIGHER RISK OF BEING LOW-LITERATE THEMSELVES, PERPETUATING THE CYCLE.

THE NEGATIVE CONSEQUENCES AFFECT NOT ONLY INDIVIDUALS AND THEIR FAMILIES, BUT OUR NATION AS A WHOLE. EVEN A SLIGHT RISE IN LITERACY SKILLS HAS THE POTENTIAL TO BOOST LABOR PRODUCTIVITY EXPONENTIALLY AND DECREASE HEALTH CARE COSTS SIGNIFICANTLY.

IN 2015, FORMER FIRST LADY BARBARA BUSH CHALLENGED THE FOUNDATION TO IMPROVE ACCESS TO SERVICES SO THESE ADULTS COULD LEARN TO READ, WRITE, COMPREHEND, AND NAVIGATE LIFE WITH DIGNITY. THE BARBARA BUSH FOUNDATION JOINED WITH THE XPRIZE FOUNDATION AND THE DOLLAR GENERAL LITERACY FOUNDATION TO LAUNCH THE WORLD'S FIRST-EVER ADULT LITERACY XPRIZE COMPETITION. THE COMPETITION CHALLENGED DEVELOPERS TO CREATE APPLICATIONS THAT WOULD ENABLE ADULT LEARNERS TO LEARN AT ANY TIME AND IN ANY PLACE, THROUGH USE OF THEIR SMARTPHONES AND TABLETS.

THE COMPETITION FIELD, WHICH ORIGINALLY NUMBERED 109 TEAMS FROM 22

Employer identification number 26-0587238

ATTACHMENT 3 (CONT'D)

COUNTRIES, WAS NARROWED TO FIVE FINALIST TEAMS IN 2017-18. THE

APPLICATIONS CREATED BY THESE TEAMS WERE FIELD TESTED WITH NEARLY

12,000 ADULT LEARNERS IN THREE CITIES ACROSS THE COUNTRY: DALLAS,

LOS ANGELES, AND PHILADELPHIA. THE RESULTS OF THE FIELD TRIALS

WERE REVIEWED BY A TEAM OF EXPERT JUDGES AND WERE DEEMED VERY

PROMISING. THE WINNERS WERE ANNOUNCED IN FEBRUARY 2019 AND AWARDED

A TOTAL PRIZE PURSE OF \$5.5 MILLION.

IN ADDITION TO INCREASING THE DEVELOPMENT OF EDUCATIONAL

TECHNOLOGY THROUGH THE APP DEVELOPMENT PHASE OF THE COMPETITION,

THE FOUNDATION LAUNCHED A CAMPAIGN TO INCREASE REACH TO

LOW-LITERATE ADULTS. IN THE FALL OF 2018, THE FOUNDATION AND ITS

PARTNERS NATIONWIDE LAUNCHED THE COMMUNITIES COMPETITION AIMED AT

PLACING THE WINNING ADULT LITERACY APPS INTO THE HANDS OF AS MANY

LOW-LITERATE ADULTS AS POSSIBLE, WITH \$1 MILLION IN PRIZES

AVAILABLE TO THE PARTICIPATING COMMUNITIES. THE RESULTS OF THIS

PHASE WILL BE MADE PUBLIC IN NOVEMBER 2019. TO TEST THE

EFFECTIVENESS OF THE ADULT LEARNER RECRUITMENT STRATEGIES OF THE

ORGANIZATIONS COMPETING IN THE COMMUNITIES COMPETITION, THE

BARBARA BUSH FOUNDATION ALSO HIRED AN INDEPENDENT EVALUATOR. THE

EVALUATION REPORT WILL BE AVAILABLE IN THE FALL OF 2019.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, MD, MA, MI,

 $\mathtt{MN}, \mathtt{MS}, \mathtt{NV}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NY}, \mathtt{NC}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$ 

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization	THE BARBARA BUSH FOUNDATION	Employer identification number
FOR FAMILY LITER	ACY INC	26-0587238
		ATTACHMENT 4 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

SC, TN, UT, VA, WA, WV, WI, WY

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990. PAR	-IIV 7	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRAVINA, SMITH, MATTE, & ARNOLD 12474 BRANTLEY COMMONS COURT FORT MYERS, FL 33907	MEETING PLANNER	153,117.
THE PURSUANT GROUP, INC. P.O. BOX 203421 DALLAS, TX 75320	MKT, SOC & DIGITAL	112,315.
THE GLOVER PARK GROUP, LLC 1025 F STREET NW, 9TH FLOOR WASHINGTON, DC 20004	STRATEGIC COMMUN.	179,275.
LJ ENTERPRISES, INC. P.O. BOX 574 SOUTH DENNIS, MA 02660	PROGRAM CONSULTANT	103,935.

#### ATTACHMENT 6

#### FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
PROFESSIONAL SERVICE	908,735.	773,394.	11,974.	123,367.
TOTALS	908,735.	773,394.	11,974.	123,367.

# Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name: THE BARBARA BUSH FOUNDATION

Taxpayer Address: 516 NORTH ADAMS STREET, TALLAHASSEE, FL 32301

Taxpayer ID Number: <u>26-0587238</u>

Year-End: 06/30/2019

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.