Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

✓ Department of the Treasury

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

Open to Public

Inter		ue Service	► Go to www.irs.gov/F			na tn				10 V		ion
<u>A</u>			lendar year, or tax year beginning		1/2018		, and e	nding		3/30/20		
		applicable		RACY PROJEC	CT, INC		<u> </u>		D Emplo	yer iden	tification number	
	Address	change	Doing business as			10			00 0005			
	Name ch	ange	Number and street (or PO box if mail is no	ot delivered to str	eet address)	1	m/suite		32-0285		L	
\equiv		_	10 TREMONT STREET		<u> </u>	1200			E Teleph	one num	ber	
ш	Initial retu	um	City or town		State		code		617-227-	8337		
	Final return	n/terminated	BOSTON		MA	021						
一			Foreign country name Foreig	n province/state/	county	Fore	ign postal	code			•	90.906
닏	Amended	retum							G Gross	receipts	<u> </u>	89,826
	Application	on pending	F Name and address of principal officer					H(a) is th	is a group ret	um for sub	oordinates? Y	es X No
			RAYMOND FAULKNER 10 TREMO	NT STREET	BOSTON,	MA (02108	H(b) Are	e all subordi	nates inc	luded? Y	es No
1 7	av-evem	pt status		◀ (insert no)	4947(a)(1		527	ス m	'No," attach	a list (se	e instructions)	——
		-		(mserrio)	4347(8)(1	/ OI L					_	
<u>J 1</u>	Nebsite	9: ► LAU	OSLITERACYPROJECT ORG			1	1	·H(c) Gr	oup exempti	on numb	er 🟲	
K	orm of o	rganization	X Corporation Trust Assoc	ciationOth	ner 🕨		L Yea	r of forma	ation 200)9 N	A State of legal domic	ale MA
P	art I	Su	mmary			Ï						
	1		lescribe the organization's mission o	r most signific	cant activitie	es	TOI	MPRO\	/E LITER	ACY IN	LAOS FOR CH	IILDREN
9		AND AD		g		-						
ā												
er		Obsesta			·					04 - 5 4 -		
8	2		his box ▶ if the organization di			or a	isposea	or more	e than 25		s net assets	_
٠ مع	3		of voting members of the governing		-					3	_	0
Se	4		of independent voting members of t							4		0
Ę	5		mber of individuals employed in cale		18 (Part V, I	ine 2	a)			5		0
Activities & Governance	6		mber of volunteers (estimate if nece							6		
⋖	7a		related business revenue from Part			F	RECE	EIVE	D	7a		0
	b	Net unre	elated business taxable income from	Form 990-T,	line 38					7b	1	0
					[-	7	CCD 1	•	Prior Year		Current Y	ear
9	8		utions and grants (Part VIII, line 1h)		13	5	SEP 1	0 20		23,60	3	89,826
Ę	9	Progran	n service revenue (Part VIII, line 2g)		I	<u></u>			- RS	(0	0
Revenue	10	Investm	ent income (Part VIII, column (A), Iir	es 3, 4, and	7d)		OGDE	<u> </u>	JT -	(0	0
Œ	11	Other re	evenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 1	I0c, and 11c	;)		-14,			0	0
	12	Total rev	enue—add lines 8 through 11 (must eq	ual Part VIII, c	olumn (A), lii	ne 12)			123,603	3	89,826
	13	Grants a	and similar amounts paid (Part IX, co	olumn (A), line	es 1–3)					110,000	0	120,000
	14	Benefits	paid to or for members (Part IX, col	umn (A), line	4)					(0	0
ြန္တ	15	Salaries,	other compensation, employee benefit	is (Part IX, col	umn (A), line	s 5–1	0)			(0	0
. Š	16a	Professi	ional fundraising fees (Part IX, colun	n (A), line 11	e)					(0	0
Expenses	Ь	Total fur	ndraising expenses (Part IX, column	(D), line 25)	•		0				A SUSTAINED TO SEE	
5 🛍	17	Other ex	cpenses (Part IX, column (A), lines 1	1a-11d, 11f-	24e)					56	1	610
)	18	Total ex	penses Add lines 13–17 (must equa	il Part IX, colu	ımn (A), line	25)				110,56	1	120,610
	19		e less expenses Subtract line 18 fro							13,042	2	-30,784
0 0	I							Beginn	ing of Curr	ent Year	End of Yo	ar
sets rala	20	Total as	sets (Part X, line 16)					•		98,980	0	68,196
Net Assets or Fund Balances	21	Total lial	bilities (Part X, line 26)							(0	0
2 Z	22	Net ass	ets or fund balances Subtract line 2	1 from line 20)					98,980	0	68,196
	irt II		nature Block									
Und	er penaltı	ies of peŋur	y, I declare that I have examined this return, inc	ludina accompar	lying schedules	and s	tatements,	and to th	e best of m	knowled	dge	
and	belief, it i	s true, corre	ect, and complete Declaration of preparer (other	r than officer) is t	based on all info	ormatic	on of which	prepare	r has any kn	owledge	1/10	
Sig	เก		10 James 1 min	m-	- 					9/)	7//7	
He			Signature of officer						Dat	e'		
	. •		RAYMOND FAULKNER, TREASUR	RER								
			Type or print name and title	,								
		Prin	t/Type preparer's name	Prepare	notwo Lee	H	m	Date	e	Chool	X f PTIN	
Pa		STE	EPHEN R WLADYKA	- •	R-WLADYK	,,,		- RIT	26/2019			434
	eparer				W AAPUD LV			1 0/2				
Us	e Only	y —	o's name ► STEPHEN R WLADYKA						Firm's EIN			
		Firm	i's address ► 33 HIGH STREET, REA	DING, MA 01	867				Phone no	781	<u>-942-9790</u>	
Ma	y the IF	RS discus	s this return with the preparer showi	above? (see	e instruction	s)					X Yes	No

	990 (2018		2-0285330	Page 2
Pa •	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	/ describe the organization's mission	····	
		IPROVE LITERACY IN LAOS FOR CHILDREN AND ADULTS		
2	Did th	e organization undertake any significant program services during the year which were not listed on	·	
	the pr	or Form 990 or 990-EZ?	Yes	X No
_		s," describe these new services on Schedule O		
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
	If "Yes		<u> </u>	
4	Descr expen	tibe the organization's program service accomplishments for each of its three largest program services, as uses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated tall expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 120,610 including grants of \$ 120,000) (Revenue \$)
		IPROVE LITERACY IN LAOS FOR CHILDREN AND ADULTS		
46	(Cada	\(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4b	(Code			
				· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other	program services (Describe in Schedule O)		
-TU		nses \$ 0 including grants of \$ 0) (Revenue \$	0)	
40	Total	Program service expenses		

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,"			
2	complete Schedule A	1	Х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	L	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
4-	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.1		
	VII, VIII, IX, or X as applicable	1.5-	g ¹ ,	<i>j</i> i 13. 13. 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		- ^ -
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_^_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		Х
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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

gaming (gambling) winnings to prize winners?

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

Part IV Checklist of Required Schedules (continued)

•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122	_	 ^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$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	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	4.7		15 AS
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		Х
U	Schedule L, Part IV	201		v
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		^
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		Х
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? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		[
		_ T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		S. Gar

1b

Form 9	990 (2018) LAOS LITERACY PROJEC	T, INC	32-028	5330	P	age 5
Par	rt V Statements Regarding Othe	r IRS Filings and Tax Compliance (continued)				
•					Yes	No
2a	Enter the number of employees reported of	on Form W-3, Transmittal of Wage and Tax	1			
•	Statements, filed for the calendar year end	ding with or within the year covered by this return	2a 0			
b	•	e organization file all required federal employment tax r		2b		ļ
	-	ter than 250, you may be required to e-file (see instruct	tions)		1826.7	
3a	_	ess gross income of \$1,000 or more during the year?		3a		X
b	•	ear? If "No" to line 3b, provide an explanation in Sched	1	3b		
4a	-	he organization have an interest in, or a signature or oth		ł		
		ich as a bank account, securities account, or other finan	icial account)?	4a	in white	X
b	If "Yes," enter the name of the foreign cour					
_		CEN Form 114, Report of Foreign Bank and Financial Account	' '			
5a		d tax shelter transaction at any time during the tax year		5a		X
b	· · · · · · · · · · · · · · · · · · ·	on that it was or is a party to a prohibited tax shelter tran	isaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization			5c		-
6a	=	receipts that are normally greater than \$100,000, and di	d the			
		vere not tax deductible as charitable contributions?		6a		X
b	-	every solicitation an express statement that such contrib	utions or	ا ۱		l
7	gifts were not tax deductible?	hla aantuihtianadaa aantii		6b ⊕	Pili an Will	St. Military
7	Organizations that may receive deductil	• •				
а	and services provided to the payor?	excess of \$75 made partly as a contribution and partly to	ror goods	7-		
b	•	or of the value of the goods or services provided?	•	7a 7b		X
C		erwise dispose of tangible personal property for which i	t was	70		
·	required to file Form 8282?	erwise dispose of tarigible personal property for which h	l was	7c		x
d	If "Yes," indicate the number of Forms 828	2 filed during the year	7d		Tarian.	
e		ectly or indirectly, to pay premiums on a personal benef		7e	1423	X
f		premiums, directly or indirectly, on a personal benefit co		7f		X
g		jualified intellectual property, did the organization file Form 8		7g		
h		ars, boats, airplanes, or other vehicles, did the organization		7h		
8	-	donor advised funds. Did a donor advised fund mainta	· · · · · · · · · · · · · · · · · · ·			
-	sponsoring organization have excess busin			8	- Xelle China	25.7(36)
9	Sponsoring organizations maintaining of		•			a water
а	Did the sponsoring organization make any			9a	1000	. Charles
b		stribution to a donor, donor advisor, or related person?		9b	-	
10	Section 501(c)(7) organizations. Enter			Section 1	¥30.44	
а	Initiation fees and capital contributions incl	uded on Part VIII, line 12	10a			
b		t VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or sharehold	ers	11a			200
b	Gross income from other sources (Do not	net amounts due or paid to other sources		ing 5		
	against amounts due or received from ther	m) _.	11b			
12a		le trusts. Is the organization filing Form 990 in lieu of Fo	orm 1041?	12a		
b	If "Yes," enter the amount of tax-exempt in	<u> </u>	12b			
13	Section 501(c)(29) qualified nonprofit he					
а	Is the organization licensed to issue qualifi			13a	-1220	Co . s.c.d
		formation the organization must report on Schedule O				
b		tion is required to maintain by the states in which				
	the organization is licensed to issue qualifi	ed health plans	13b			
С	Enter the amount of reserves on hand		13c			S. Kill
14a		for indoor tanning services during the tax year?		14a		_X_
b		ese payments? If "No," provide an explanation in Sched	r	14b		
15	Is the organization subject to the section 4	960 tax on payment(s) of more than \$1,000,000 in remu	ineration or	ļ		1
	excess parachute payment(s) during the ye	ear		15		Х
	If "Yes," see instructions and file Form 472	0, Schedule N			制初	
16	Is the organization an educational institution	on subject to the section 4968 excise tax on net investment		16		X
	If "Yes," complete Form 4720, Schedule O	•			銀行	

Part VI

LAOS LITERACY PROJECT, INC

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sect	ion A. Governing Body and Management							
		Share Care	Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year If there are metapaid differences in voting rights among members of the government had use.	4						
	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	10 m 100	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		Х				
5								
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							
a	The governing body?	8a	X					
ь 9	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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	1 -	<u> </u>	X				
0000	ion b. 1 dilotes (This decition b requests information about policies not required by the internal Nevenue v	Joue	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		<u> </u>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		秦	330				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l		ĺ				
42	describe in Schedule O how this was done	12c	 	 ,_ -				
13 14	Did the organization have a written whistleblower policy?	13	<u> </u>	X				
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14 5955	CK in	TE SAUTE DE				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	710000	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)	7	12.5	200				
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		Х				
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	***	孫陰	100				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		C					
	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 MA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	oU1(C)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website							
19	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	CV 25	vd.					
1.3	financial statements available to the public during the tax year	cy, ar	iu					
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•						
	RAYMOND FAULKNER 617-227-8337	•						
	10 TREMONT STREET, SUITE 200, BOSTON, MA 02108							

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	LITERAC

LAOS LITERACY PROJECT, INC

32-0285330

Page **7**

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

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

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

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

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

		-					•			
(A) Name and Title	(B) Average hours per	box,	unle: er an	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LEAH CAMHI	0 00									
DIRECTOR	0 00	X								
(2) SASHA ALYSON	40 00									
PRESIDENT	0 00			Х						
(3) RAYMOND FAULKNER		+								
TREASURER	0 00			х		İ				
(4)										
(5)				<u> </u>						
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

F	Section A. Officers, Directors, 170	istees, key Em	pioye	es,	and	<u> 171 </u>	gnes	t C	ompensated En	ipioyees (contin	luea)
•	(A) Name and title	(B) Average hours per week (list any	box offic	unles er an	Pos neck s pe d a d	rson	than	an ee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)									·		
(17)											
(18)											
(19)											
(20)				ļ							
(21)								-			
(22)											
(23)											
(24)											
(25)											
1b	Sub-total						l .	>	0	0	0
С	Total from continuation sheets to Part VII, Se	ection A						•	0	0	0
d	Total (add lines 1b and 1c)							<u> </u>	0	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) w O	/ho	recei	ved	more than \$100	,000 of	
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		•	•	oye	e, o	r high	nest	compensated		Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•	•						•	ל	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ridual	5 X
Sec	tion B. Independent Contractors	se, complete co	11000	10 0	101	300	ii pci	3011			
1											
	(A) Name and business addr	ess	-						(B) Description of serv	vices C	(C) Compensation
NON	E										0
											0
											0

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

0

more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

•		Check if Schedule O contains	s a response o	or n	ote to any line ir	n this Part VIII			
			recognition of the control of the co			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
南岛	1a	Federated campaigns	<u> </u>	1a	0				
, Grants mounts	b	Membership dues	⊢	lb	0			An managar dipudipus	a participation of participation of the participati
δί ≪ [C.	Fundraising events	-	1c	0		SACRAGE AND THE PARTY OF THE PA		
Coritributions, Gifts, and Other Similar A	d	Related organizations	—	1d	0		A. Mari distant		
Cortributions, and Other Sim	e	Government grants (contribution	· —	1e	υ				Toronto de la companya del companya del companya de la companya de
je ig	T	All other contributions, gifts, gran	I						
at to		similar amounts not included abo	, _	1f	89.826			Alleria de la Compania de la Compania de C	
S	9	Noncash contributions included in I Total. Add lines 1a–1f	mes ra-ir	\$	0	90.006		one contract the second	
	h	Total. Add lines 1a-11	-		Business Code	89,826	CONTRACTOR OF THE CONTRACTOR O	an arraman dan sama arrama arrama Managanarraman	
anu	2a					0	STATES AND THE STATES OF THE S	diantuulittiistuutajataalueta sale	Land of the Land o
Seve.	b				<u></u>	0		-	
99	c				- 	0	+		
2	d					0	 		
E	e.				·	. 0			
Program Service Revenue	f	All other program service revenu	ie			0	-		
P	g	Total. Add lines 2a-2f		•	•	0			TO A CONTROL OF THE C
	3	Investment income (including div	udends, intere	st,	and				
		other similar amounts)			>	0			
	4	Income from investment of tax-ex	xempt bond p	roc	eeds >	0			
1	5	Royalties			>	0			
i	_		(i) Řeal		(II) Personal	minatunjuagatus ya wasandi ya wani wa wa w			
	6a	Gross rents .			· · · · · · · · · · · · · · · · · · ·				The Marie Committee of the Committee of
	b	Less rental expenses		_					
	C	Rental income or (loss)		0	0				The state of the s
	d 7-	Net rental income or (loss)	(ı) Securities	_	(II) Other	O		Secretaristic Rancial in least 5 miles.	nty i monthini igras (a, n i u, ja czadony
	7a	Gross amount from sales of assets other than inventory.	(i) Securities	$\frac{1}{1}$	(II) Outer				
2	, .	Less cost or other basis		0	(1				
	.,	and sales expenses	,	ი	0				
	С	Gain or (loss)		0	<u></u>				rim and allower the light
Ì	ď	Net gain or (loss)			<u>\'</u>	0	Vision Indiana	Tildidida Thomasical castes to a	and a Sulface has been \$ 7 cm
i.	_	riot gant of (1000)		- [mbblicae meagane in bands			
e e	8a	Gross income from fundraising							
Other Revenue		events (not including \$	0	ŀ					
Ş		of contributions reported on line	1c)						AND
<u>.</u>		See Part IV, line 18		a [0				
౼	b	Less direct expenses		b [0		And the state of t		
١ ٠	С	Net income or (loss) from fundral	-	r	<u> </u>	0			
	9a	Gross income from gaming activi	ities				arini deli manda della d		
		See Part IV, line 19		a	0				
	b	Less direct expenses.		b [0	keradahan dipanjan periodi adalah biran -	Transition of the state of the		
	C	Net income or (loss) from gaming	g activities	ſ		0	Paris Distribution and the control of the control o	SOCIET SECRETARIZAÇÃO	away adalah da 22745 da asal da
	10a	Gross sales of inventory, less			۰		Tom Delatemble appliyes		
		returns and allowances		a	0				ara ininahan katamatan inina kataman meningan ininahan meningan kataman meningan pangan panga
		Less cost of goods sold Net income or (loss) from sales of		b [0	0		tage secondary in resembly the layer happy	
ŀ	С	Miscellaneous Revenue	niventory	П	Business Code			7.124 har 1920 in 1920	
}	11a	iniocantita i readille		\dashv	Daymos Coat	0	A-0000 2011 (1000 to) (1000 to)	arah bididigilli (**********************************	7/44/
	b			ŀ		0			
	c			ŀ		0			
	d	All other revenue		ŀ		0	·		
	ē	Total. Add lines 11a–11d		L	>	0	VI-TOVOR TO		and are trained
	12	Total revenue. See instructions			•	89,826	7211 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other of	organizations must d	complete column (A)				
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments See Part IV, line 21	0			Alvered Liver Colors				
2	Grants and other assistance to domestic								
_	individuals See Part IV, line 22	0		PHISTORY STATES					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16	120,000	 	The state of the s	section for a large representation from the con-				
4	Benefits paid to or for members	0			Party in a mercial longer				
5	Compensation of current officers, directors,				i				
6	trustees, and key employees	0		0					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include	<u> </u>							
Ŭ	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0		-	<u> </u>				
10	Payroll taxes	0							
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	0							
С	Accounting	0		· · · · · · · · · · · · · · · · · · ·					
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0	MONATE HE	第274時候後年					
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	610	610	0					
12	Advertising and promotion	0	ļ						
13	Office expenses	0							
14	Information technology	0							
15 16	Royalties Cocupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	0							
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 Zer Constitution							
a		0			·				
b		0							
Ç		0							
d	All other expenses	0							
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	<u> </u>	120,610		,				
25 26	Joint costs. Complete this line only if the	120,610	120,010	0	0				
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation Check here								
	following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line in this Part)	(
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		98,980	1	68,196
	2	Savings and temporary cash investments		0		
	3	Pledges and grants receivable, net		0		0
	4	Accounts receivable, net		O	4	O
	5	Loans and other receivables from current and former		The state of the s		
		trustees, key employees, and highest compensated er	mployees			
		Complete Part II of Schedule L		0	5	Den Geritar Anni Stern, and a Description of the State
	6	Loans and other receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cont				
,		sponsoring organizations of section 501(c)(9) voluntary employed	es' beneficiary	**************************************		75594. S. J. G. W. W. W. S. S. S.
Assets	_	organizations (see instructions) Complete Part II of Schedule L		0		_
Ass	7	Notes and loans receivable, net		0	-	0
	8	Inventories for sale or use		0		
	9	Prepaid expenses and deferred charges	1	O	9 *********	Included the states of the sta
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	<u> </u>		Part of Control	
	b	Less accumulated depreciation 10b]			0
	11	Investments—publicly traded securities		0	_	0
	12 13	Investments—other securities See Part IV, line 11		0		0
	14	Investments—program-related See Part IV, line 11 Intangible assets		0	1	0
	15	Other assets See Part IV, line 11		0	14	. 0
	16	Total assets. Add lines 1 through 15 (must equal line	34)	98,980		68,196
	17	Accounts payable and accrued expenses	34)	90,960	17	00,190
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability Complete Part IV	of Schedule D	0	21	
Ś	22	Loans and other payables to current and former office		to firm the horizontal adjusted the control of the	Taran Barin sa Taran Sa	[A parks Collection by Collection City on Street Suit All Lands
Liabilities		trustees, key employees, highest compensated emplo				
Ē		disqualified persons Complete Part II of Schedule L		0	22	The marrier show proceed in the standard more final at the standard
Ë	23	Secured mortgages and notes payable to unrelated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third		0	24	0
	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	4) Complete Part X			
		of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ 🔲 and			
Sec		complete lines 27 through 29, and lines 33 and 34.		and the second s		
au	27	Unrestricted net assets		0	27	
3a	28	Temporarily restricted net assets		0	28	
힏	29	Permanently restricted net assets		0	29	
בַּ		Organizations that do not follow SFAS 117 (ASC958), check	here X and			To the superior beauty of the product of the state of
- F		complete lines 30 through 34.	incio P M and			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		98,980	30	68,196
SSe	31	Paid-in or capital surplus, or land, building, or equipme	ent fund	90,300	31	00,190
ţ	32	Retained earnings, endowment, accumulated income,		0	32	0
Nei	33	Total net assets or fund balances		98,980		68,196
	34	Total liabilities and net assets/fund balances		98,980		68,196
						

Form 9	990 (2018) LAOS LITERACY PROJECT, INC	3	2-0285330	Pag	_{je} 12
Part	XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89	,826
2	Total expenses (must equal Part IX, column (A), line 25)	2		120),610
3	Revenue less expenses Subtract line 2 from line 1	3		-30),784
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		98	3,980
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		68	3,196
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			L	
1 2a	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Yes	Xo X
b	reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		2b		
, c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		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 chantable trust.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

<u>LAO</u>	<u>S LIT</u>	TERACY PROJECT, INC					32-02	85330		
Pai	tΙ	Reason for Public Char	ity Status (All org	ganizations must co	mplete tl	his part)	See instructions			
The	orga	nization is not a private foundat								
1	_	A church, convention of church	•	•			•	$\langle \mathcal{A} \rangle$		
2	=	A school described in section					(C)	.)[
3	=	A hospital or a cooperative hos		·			,	/		
	=	·	•		•		•	4 41		
4	_	A medical research organizatio hospital's name, city, and state		nction with a hospital d	lescribed	in section	170(b)(1)(A)(III). Er	iter the		
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmen	ital unit described in s e	ection 170	D(b)(1)(A)((v).			
7		An organization that normally redescribed in section 170(b)(1)	eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II)	m a gove	rnmental ı	unit or from the gene	ral public		
8	The second secon									
9		An agricultural research organi, or university or a non-land-grar university								
10	X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).			
12										
	 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported 									
	Г	organization(s) You must c	omplete Part IV, Se	ections A and C.			•	• •		
С	L	Type III functionally integral its supported organization(s)						rated with,		
d		Type III non-functionally in that is not functionally integr requirement (see instruction	itegrated. A support ated The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nection with	outh its supported org			
е	Г	Check this box if the organiz						- III		
C	L	functionally integrated, or Ty					i type i, type ii, typ	5 III		
f	F	Enter the number of supported	•	ny miogratou oupporti	.9 0.90				0	
g.		Provide the following information	•	ed organization(s)				L		
		Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support (instructions	see	
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

	(Complete only if you check Part III If the organization for						der
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
5	Total. Add lines 1 through 3 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	0		0	0	0	0
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			WAR STANKE			0
Sec	tion B. Total Support		,	\wedge			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 //	"(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	/ 0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,						
_	rents, royalties, and income from similar sources						0
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)						. 0
11	Total support. Add lines 7 through 10			TANK TANK			0
12	Gross receipts from related activities, etc. (s	see instructions)			1	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age		1		
	Public support percentage for 2018 (line 6,		•	n)	1	14	0 00%
	Public support percentage from 2017 Sched					15	0 00%
108	33 1/3% support test—2018. If the organization qualifies a			, and line 14 is 33	1/3% or more, che	ck this box	
b	33 1/3% support test—2017, of the organization qualification qualificati	zation did not check	a box on line 13 o		s 33 1/3% or more	, check this	▶ □
	10%-facts-and-circumstances test—201: 10% or more, and if the organization meets Part VI how the organization meets the "fact organization"	the "facts-and-circu ts-and-circumstance	imstances" test, ch es" test The organ	eck this box and sization qualifies as	top here. Explain i a publicly supporte	n d ed	▶ □
D	10%-facts-ล่ศต์-circumstances test—201 15 is 10% or more, and if the organization n Explain in Part VI how the organization mee supported organization	neets the "facts-and	-circumstances" te	st, check this box a	and stop here.	\	▶□
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶
						Sahadula A (Form 9	on or 990 E7) 2049

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

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

Sec	ction A. Public Support			, ,			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			• • • • • • • • • • • • • • • • • • • •			
	received (Do not include any "unusual grants")	261,800	99,990	96,508	123,603	89,826	671,727
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		li .				0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	261,800	99,990	96,508	123,603	89,826	671,727
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	31,600	31,000	35,518	41,200	48,000	187,318
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						0
С	Add lines 7a and 7b	31,600	31,000	35,518	41,200	48,000	187,318
8	Public support (Subtract line 7c from						
	line 6)		20.300000000000000000000000000000000000	A CONTROL AND A CONTROL		400万天工业的10	484,409
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	261,800	99,990	96,508	123,603	89,826	671,727
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					i	_
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
42	or not the business is regularly carried on					-	0
12	Other income Do not include gain or					ļ	
	loss from the sale of capital assets			-			0
13	(Explain in Part VI) Total support. (Add lines 9, 10c, 11,	——— —					0
13	and 12)	261,800	99,990	96,508	123,603	89,826	671,727
14	First five years. If the Form 990 is for the o						071,727
	organization, check this box and stop here	rgamzation's mat, s	iccona, uma, icaru	i, or mui tax year a	3 8 3000011 301(0)(5)	▶ □
Sec	tion C. Computation of Public Su	nport Percent	ane				
15	Public support percentage for 2018 (line 8, c			'ብነ		15	72 11%
16	Public support percentage from 2017 Sched	2. 2.	•	.'//		16	72 38%
	tion D. Computation of Investmen						12 00 70
17	Investment income percentage for 2018 (line			olumn (fl)		17	0 00%
18	Investment income percentage from 2017 S			(1))		18	0 00%
	33 1/3% support tests—2018. If the organi			4, and line 15 is me	ا : %31 ore than 33		3 00 70
	not more than 33 1/3%, check this box and s						▶ X
b	33 1/3% support tests—2017. If the organi		•		-	33 1/3%, and	- 2
	line 18 is not more than 33 1/3%, check this						▶ _
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	,	▶ 🗍

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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
- 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

3a

3b

instructions)

Schedule A(1 SIII 330 6) 990-E2) 2016 LAGS EFFERACT PROJECT, INC		32-(7200000 Page 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nzatio	ons must complete Sections	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
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	0	0
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see			AND AND THE DAY
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
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	0	0
e Discount claimed for blockage or other	7.5		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	新元学的社会的社会。 第	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	建设设置的基础设置的基础	0
5 Income tax imposed in prior year	5	字。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which to	he organization is respo	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1	/::\	0 000
5	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
	· · · · · · · · · · · · · · · · · · ·	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		timaten arang pilang	0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See	The first of the second of the		
	instructions			DOLL TO THE SECOND STATE OF THE PROPERTY OF TH
3	Excess distributions carryover, if any, to 2018	included the control of the control	A terminal and a series of the	
a	From 2013 0			
b	From 2014 0			
С	From 2015 0			
d	From 2016	Communication of the communica	That is the state of the state	
<u>e</u>	From 2017 0	The diagonal production of the	The state of the s	The state of the s
	Total of lines 3a through e	0	See the second of the second o	
<u>g</u> _	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2018 distributable amount			O
<u> </u>	Carryover from 2013 not applied (see instructions)			Profesional Control of the Control o
4	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from			The state of the s
~	Section D, line 7 \$ 0			
a	Applied to underdistributions of prior years		Vinda articular at a francis and a francis a	
b	Applied to 2018 distributable amount	rio e como de		<u> </u>
C	Remainder Subtract lines 4a and 4b from 4	U STREET THE CONTRACTOR OF STREET		
5	Remaining underdistributions for years prior to 2018, if		Karastrator advantator at 10th tipes there are 3 and 3 area.	
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7			
a	Excess from 2014 0			
b	Excess from 2015 0			
C	Excess from 2016 0			en rangon de la company de la
d	Excess from 2017 0			WHEN THE PROPERTY OF THE PROPERTY OF
43	Evenee from 2018	 Testing opposite the second sec	Company and the company of the compa	I I HALL THE WAR HERE HE THE THE WAR WAS A SECURE OF THE PARTY AND A S

Schedule A (F	orm 990 or 990-EZ) 2018 LAOS LITERACY PROJECT, INC	32-0285330	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line		
·	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Pa		
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E		
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and P	art v, section E,	
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	······································	
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization LAOS LITERACY PROJECT	INC			E	Employer identification number 32-0285330
	nation on Act	ivities Outsid	e the United States. Com	plete if the organization a	
	antees' eligibility		ds to substantiate the amoun r assistance, and the selectio		X Yes No
2 For grantmakers. Desc outside the United State		e organization's	procedures for monitoring the	e use of its grants and oth	er assistance
3 Activities per Region (T	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of , employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					_
(4)					
(5)					
(6)			-		
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(9)					
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(16)			•		
(17)					
3a Subtotal	0	0			C C
b Total from continuation	1			ia sicramuakkindeles	OTU

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sheets to Part I

C Totals (add lines 3a and 3b)

32-0285330

Schedule F (Form 990) 2018 LAOS LITERACY PROJECT, INC

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)											
(h) Description of noncash assistance											
(g) Amount of noncash assistance	0										
(f) Manner of cash disbursement	Wire Transfer										apolico sarcas
(e) Amount of cash grant	120,000		٠						,		odł wy sodracho so
(d) Purpose of grant	To improve Literacy in Laos			,							bornandor oro total
(c) Region	East Asia and the Pacific									•	Enter total number of recognitions listed above that are recognition by the focus country
(b) IRS code section and EIN (if applicable)											
1 (a) Name of organization		(2) (2)		(4)	(9)	(8)		(11)	(13)	(15)	(16) Enter total pum

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part III

990) 2018 LAOS LITERACY PROJECT, INC Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	int or assistance (b) Region (c) Nu reci	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of Cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
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(15)							
(16)							
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(18)							
						Scher	Schedule F (Form 990) 2018

Part IV Foreign Forms

. 1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

SCHEDULE O (Form 990 or 990-EZ)

. "10 c

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 Rublic

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

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LAOS LITERACY PROJECT, INC	32-0285330
Form 990, Part VI, Section B, Line 11B FORM 990 HAS BEEN PREPARED BY A THIRD-PARTY CPA AND	
FORWARDED TO THE TREASURER FOR REVIEW BEFORE FILING	
Form 990, Part VI, Section C, Line 19 AVAILABLE UPON REQUEST AT 10 TREMONT STREET, SUITE 200,	
BOSTON, MA 02108	
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Schedule O (Form 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number
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