COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- ➤ Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

	For the	2024 calend	dar year, or tax year beginning , 2024, and endin	<u> </u>		, 20						
			C Name of organization INTERNATIONAL LITERACY AND DEVELOPMENT	9	D FI							
В		applicable:	-		D Emple	oyer identification number						
\sqcup	Address	ĭ l	Doing business as			45-2088800						
\sqcup	Name ch	ĭ	,	Room/suite	E Teleph	hone number						
\sqcup	Initial retu	urn	5818 EMILY CT.			(682) 712-0128						
Ш	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amended	d return	MIDLOTHIAN, TX 76065			receipts \$ 4,140,531						
	Application	on pending	F Name and address of principal officer: BRENDA HOLLAND	H(a) Is this a gro	oup return fo	or subordinates? Yes No						
			SAME AS C ABOVE	 ``		es included? Yes No						
<u> </u>	Tax-exen	npt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	ttach a li	st. See instructions.						
J	Website	: ILAD.NG)	H(c) Group ex	emption	number						
K	Form of o	organization: 🗸	Corporation Trust Association Other L Year of forma	ation: 2011	M State	of legal domicile: TX						
Р	art I	Summa	ry									
	1	Briefly des	cribe the organization's mission or most significant activities: ILAD P	ARTNERS TO D	EVELO	P LOCAL						
Se		LANGUAGE	E LITERACY PROGRAMS COUPLED WITH ECONOMIC DEVELOPMENT.									
Governance												
ē	2	Check this	box if the organization discontinued its operations or disposed of	of more than 25	% of it	s net assets.						
õ					3	7						
æ			independent voting members of the governing body (Part VI, line 1b)	4	7						
Activities &			per of individuals employed in calendar year 2024 (Part V, line 2a)	•	5	49						
Ĭ			per of volunteers (estimate if necessary)		6	46						
Act			ated business revenue from Part VIII, column (C), line 12		7a	0						
			red business taxable income from Form 990-T, Part I, line 11		7b	0						
	-	- Trot armorat	Prior Year		Current Year							
	8	Contributio	ons and grants (Part VIII, line 1h)		49,163	2,831,509						
Revenue			ervice revenue (Part VIII, line 2g)		03,790	421,176						
Ver			: income (Part VIII, column (A), lines 3, 4, and 7d)		31,601	(35,894)						
æ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	, ,						
					70.524	(24,210)						
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		70,524	3,192,581						
			I similar amounts paid (Part IX, column (A), lines 1–3)	1	64,637	231,028						
	4-		aid to or for members (Part IX, column (A), line 4)		00.404	0.007.470						
Expenses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	2,6	09,494							
ens	16a		al fundraising fees (Part IX, column (A), line 11e)		0	106,600						
×	b		aising expenses (Part IX, column (D), line 25) 441,778									
ш	17	•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,682	869,122						
		-	nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		11,813	3,513,928						
		Revenue le	ess expenses. Subtract line 18 from line 12		58,711	(321,347)						
Net Assets or Fund Balances				Beginning of Curre	ent Year	End of Year						
set	20		s (Part X, line 16)	2,0	13,694	1,688,531						
A A	21		ties (Part X, line 26)		77,728	52,300						
			or fund balances. Subtract line 21 from line 20	1,9	35,966	1,636,231						
Pa	art II	Signatu	re Block									
			I declare that I have examined this return, including accompanying schedules and stat			my knowledge and belief, it is						
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	•	•	20 2025						
		O1	enda Holland		June	28, 2025						
Si	gn	Signature of officer Date										
He	ere	BRENDA	HOLLAND, EXECUTIVE DIRECTOR									
		Type or pr	int name and title									
Da		Print/Type	preparer's name Preparer's signature C	ate	Check	if PTIN						
Pa		_ DAREN [DAIGA Daren Parge	6/27/2025	self-emp	_						
	epare			Firm's	EIN	33-2621854						
US	se Only	Firm's add		Phone		(505) 502-2746						
Ma	y the IR	S discuss t	this return with the preparer shown above? See instructions			. Ves No						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

1 01111 33	rage 2
Part	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:
•	ILAD EXISTS TO PROVIDE THE SKILLS, TRAINING, CONCEPTS, AND ACCESS TO MATERIALS NEEDED TO AFFECT
	ONGOING CHANGE WITH AND WITHIN VULNERABLE COMMUNITIES.
	ORGANIC GIANGE WITTAND WITHIN VOLNETVIDLE GOMMONTILE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,014,833 including grants of \$ 105,742) (Revenue \$ 3,200)
тa	IN 2024, INTERNATIONAL LITERACY AND DEVELOPMENT CONDUCTED ACTIVITIES IN 13 COUNTRIES. JORDAN,
	AZERBAIJAN, OMAN, TOGO, GUINEA, CHINA, UKRAINE, INDIA, GEORGIA, THE UNITED STATES, SIERRA LEONE,
	EGYPT, AND HONDURAS. WITHIN MANY OF THESE COUNTRIES, THERE ARE MULTIPLE PROJECTS AND PROGRAMS
	PROMOTING HUMAN FLOURISHING THROUGH EDUCATIONAL, ECONOMIC, AND SOCIAL DEVELOPMENT.
	IN THE MIDDLE EAST, ILAD STAFF IS FOCUSED ON LITERACY AND LIFE-SKILLS EDUCATION AMONG AN
	OVERLOOKED, UNDERSERVED MINORITY LANGUAGE GROUP. OVER 70 PEOPLE HAVE BENEFITED FROM THE WORK.
	MICRO ENTERPRISE: SEVEN WOMEN ENTREPRENEURS WERE INVOLVED IN CREATING AND RUNNING A JEWELRY
	MICRO-ENTERPRISE THAT PROVIDES STEADY, SUPPLEMENTAL INCOME FOR THEIR FAMILIES. IN ADDITION TO
	THESE SEVEN WOMEN, SIX MORE WERE INVOLVED IN A SPECIAL IMPACT PROJECT.
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$405,696 including grants of \$0) (Revenue \$415,330)
	HUMAN LANGUAGE TECHNOLOGY GLOBAL: ILAD CONTINUED ADVANCING THE FIELD OF HUMAN LANGUAGE
	TECHNOLOGY THROUGH DATA COLLECTION, APP DEVELOPMENT, AND THE CREATION OF TRANSLATION DEVELOPMENT TOOLS, WITH THE GOAL OF PROVIDING ACCESS TO INFORMATION TO LOW-RESOURCE LANGUAGE COMMUNITIES
	THROUGH MACHINE TRANSLATION. IN 2024, ILAD CONSISTENTLY WORKED ON A VARIETY OF PROJECTS FOR
	MULTIPLE LANGUAGE COMMUNITIES THROUGHOUT THE WORLD. EXAMPLES INCLUDE:
	MOETH EE D'WOO/OE OOMMONTEO THIOOSTIOOT THE WORLD. EX WIN EEO HOLODE.
	GATEHOUSE - A SIMPLE WINDOWS PROGRAM FOR BULK DOCUMENT TRANSLATION
	ALFALFA - A SIMPLE APP FOR ROHINGYA ADULTS LEARNING ENGLISH BASICS
	GOHIGHLEVEL - A CUSTOMER RELATIONSHIP MANAGEMENT PLATFORM FOR ILAD'S BDCS
	(CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$ 150,011 including grants of \$ 0) (Revenue \$ 2,646)
	DALLAS, TEXAS, IS HOME TO A LARGE REFUGEE POPULATION, MANY OF WHOM SPEAK MINORITY LANGUAGES WITH NO ACCESS TO WRITTEN OR AUDIO TEXTS IN THEIR PRIMARY LANGUAGE.
	NO ACCESS TO WINTTEN ON AUDIO TEXTS IN THEIR TRIMINANT EANOUAGE.
	ILAD WORKS WITH THE ROHINGYA REFUGEE COMMUNITY IN THE AREAS OF ESL, LITERACY, CITIZENSHIP, AND
	HEALTH EDUCATION. ILAD IS ALSO INVOLVED IN PRESERVING AND PROMOTING THE ROHINGYA LANGUAGE AND IS
	CURRENTLY COLLECTING LANGUAGE DATA TO BE USED IN THE PRODUCTION OF A ROHINGYA DICTIONARY AND THE
	DEVELOPMENT OF APPS FOR SMARTPHONES AND COMPUTERS.
	ESL AND CITIZENSHIP: 25 ROHINGYA REFUGEE FAMILIES PARTICIPATED IN ESL CLASSES. 10 ADDITIONAL
	ROHINGYA WERE PREPARED FOR THEIR CITIZENSHIP TEST AND INTERVIEWS. 2 ROHINGYA TEACHERS TAUGHT
	THEIR OWN COMMUNITY MEMBERS, THOUGH ONE RECENTLY MOVED. CITIZENSHIP CURRICULUM HAS BEEN SHARED
	(CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 125,636 including grants of \$ 125,286) (Revenue \$ 0)
4e	Total program service expenses 2,696,176

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		_
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		~
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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 negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	~	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	V	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
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	~	
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	~	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

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		_
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	230		
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
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? <i>If "Yes," complete Schedule R, Part I</i>	33	~	
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	,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related of and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	, 37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part		, ,,,		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included on 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?			
	reportable garning (garnoling) withings to prize withers:	1c	~	

Form 990 (2024)

	0 (2024)		H	Page 3
Part	V 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 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	'	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	~	
b	If "Yes," enter the name of the foreign country _JO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
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		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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?			
0		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ЭD		
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 . 10b			
11	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official . . . 1 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, (CONTINUED ON SCHEDULE O) 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and 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 records.

BRENDA HOLLAND, 5818 EMILY CT., MIDLOTHIAN, TX 76065, (682) 712-0128

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization not	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
	(C)									
(A)	(B)	/			ition			(D)	(E)	(F)
Name and title	Average					e than o i is both		Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee)						compensation	compensation from related	of other
	(list any	or a	Ins	Officer	Fe e	em em	Former	from the organization (W-2/	organizations (W-2)	compensation from the
	hours for	Individual trustee or director	titut	icer	Key employee	hes	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	otor t	iona		βlo	ee t cor		1099-NEC)	1099-NEC)	related organizations
	below	rust	ŧ		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						ed				
(1) BRENDA R. HOLLAND	40.0									
PRESIDENT/EXEC DIRECTOR				~				85,000	0	0
(2) JONATHAN A. REESE	40.0									
CFO (PART YEAR)				~				34,445	0	0
(3) WILLIAM J. KOTLAN	3.0									
CHAIR		~		~				0	0	0
(4) DEBORAH G. CLEVELAND	3.0									
SECRETARY		~		~				0	0	0
(5) STEVE V. BROSS	2.0									
TREASURER		~		~				0	0	0
(6) T. CHARLES PIERSON	2.0									
BOARD MEMBER		~						0	0	0
(7) ANTHONY FULLER	2.0									
BOARD MEMBER		~						0	0	0
(8) JASON BUTLER	2.0									
BOARD MEMBER		~						0	0	0
(9) SHANNON CARAWAY	2.0									
BOARD MEMBER		~						0	0	0
(10)										
(11)										
(12)		-								
(4.2)										
(13)	 	1								
(14)										
<i>y1</i>		1								

Form 990 (2024)

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Εm		_	s, an	d F	lighest Compe	nsated Emp	loyees	contir	nued)
	(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	((F) ated am of other apensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W- 1099-MISC/ 1099-NEC)	2/ f orga	rom the nization organiz	and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal								119,445 0 119,445		0 0		0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		e than \$100,00	- 1		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i>	•					•	•		•		Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual				,000	? /		s,"			ne		V
5	Did any person listed on line 1a receive of for services rendered to the organization?				tion	fro	m any	un un					~
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	ices	(C) Compen		
LENO	X HILL PARTNERS, LLC, 2861 ROCK BARN D	R., KERRVII	LLE, T	X 78	3028	3		DE	VELOPMENT AND PR	OMOTION		10	6,600
2	Total number of independent contracto	rs (includir	na bu	ıt n	ot	limit	ed to	th	nose listed abov	e) who			

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

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, is	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ع و	С	Fundraising events			1c	217,625				
ts,	d	Related organization			1d	·				
	e	Government grants			1e					
in.	f	All other contribution								
io		and similar amounts no			1f	2,613,884				
투 타	а	Noncash contribution	ons ir	ncluded in		2,010,001				
	Э	lines 1a–1f			1g	\$ 4,806				
and	h						2,831,509			
-	- ''	Total. Add lines 1a-	-11 .		•	Business Code	2,031,309			
ø.	20	a PROGRAM REVENUE				900099	410.176	419,176		
- Ki	2a	ADMINISTRATIVE SE		·		900099	419,176			
gram Ser Revenue	b	ADMINISTRATIVE SE	EKVIC	√⊑ 		900099	2,000	2,000		
۳ (e	C									
Jra Re	d									
Program Service Revenue	e	A II							•	
₫	f	All other program se					0	0	0	0
	<u>g</u> 3	Total. Add lines 2a- Investment income					421,176			
	3					44 462			44.462	
	4	other similar amounts)					41,463			41,463
	4	Davidia			•					
	5	Royalties		(i) Real						
	•			- '		(ii) Personal				
	6a	Gross rents	6a		2,225					
	b	Less: rental expenses	6b		535					
	С.	Rental income or (loss)			1,690	0				
	d	Net rental income o	r (los	ľ			1,690			1,690
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	l _	49	9,243	344,811				
		other than inventory	7a							
ine	b	Less: cost or other basis	l							
Revenue		and sales expenses .	7b	49	9,163					
Be		Gain or (loss)	7c		80	(77,437)	·			(
		Net gain or (loss)					(77,357)			(77,357)
Other	8a	Gross income from		_						
		events (not including		217,625						
		of contributions replaced 1c). See Part IV, line								
		•			8a	0				
	b	Less: direct expens			8b	26,004				(
	C	Net income or (loss)			g eve	ents	(26,004)			(26,004)
	9a	Gross income f			_					
		activities. See Part I			9a					
		Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of in returns and allowan								
	_				10a					
		Less: cost of goods			10b					
	С	Net income or (loss)) iron	1 sales of in	vento	1				
Sno	44					Business Code				
scellaneo Revenue	11a									
llar /en	b									
3e	C	A II				000000	464		•	401
Miscellaneous Revenue	d	All other revenue				900099	104	0	0	104
	e	Total. Add lines 11a					104	404 470		(00.404)
	12	Total revenue. See	HIST	นบนบทร .			3,192,581	421,176	0	(60,104)

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).

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	et include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9k	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21 .										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	231,028	231,028								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	119,445	31,000	68,000	20,445						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	110,110	31,000	00,000	20,110						
7	Other salaries and wages	1,908,979	1,614,805	128,987	165,187						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	2,796	2,796								
9	Other employee benefits	115,728	104,402	310	11,016						
10	Payroll taxes	160,230	130,364	15,160	14,706						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	22,424	11,962	10,462							
С	Accounting	13,057		10,446	2,611						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	106,600			106,600						
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)										
40	- · · · · · · · · · · · · · · · · · · ·	412,252	278,882	51,642	81,728						
12	Advertising and promotion	11,653	9,015	2,638	0.055						
13	Office expenses	31,789	23,582	5,252	2,955						
14 15	Information technology	61,860	44,956	12,077	4,827						
15 16	Royalties	7,670	7,545		105						
17	Occupancy	215,606	157,481	36,883	125 21,242						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	213,000	137,401	30,003	21,242						
19	Conferences, conventions, and meetings	20,375	15,530	4,183	662						
20	Interest		12,030	.,							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	9,324	9,324								
23	Insurance	35,331	1,250	27,265	6,816						
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а	PROFESSIONAL DEVELOPMENT	23,188	18,778	1,985	2,425						
b	COMMUNITY DEVELOPMENT	2,413	1,500	653	260						
C	HOSPITALITY	2,180	1,976	31	173						
d											
e	All other expenses	0 510 000	0 000 470	0	0						
25	Total functional expenses. Add lines 1 through 24e	3,513,928	2,696,176	375,974	441,778						
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)										
					Form 990 (2024)						

Part X Balance Sheet

			(A)		(B)
	_	Cook was interest baseins	Beginning of year	4	End of year
	1	Cash—non-interest-bearing	1,026,048	2	439,961
	2	Savings and temporary cash investments		3	14,177
	3	Pledges and grants receivable, net	10.070	4	204 044
	4 5	Accounts receivable, net	18,070	4	294,811
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	16,410	9	22,918
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 56,009			
	b	Less: accumulated depreciation	25,114	10c	15,399
	11	Investments—publicly traded securities	520,463	11	113,044
	12	Investments—other securities. See Part IV, line 11	346,658	12	732,853
	13	Investments—program-related. See Part IV, line 11	42,441	13	42,410
	14	Intangible assets	· - , · · ·	14	,
	15	Other assets. See Part IV, line 11	18,490	15	12,958
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,013,694	16	1,688,531
	17	Accounts payable and accrued expenses	72,202	17	51,980
	18	Grants payable	, -	18	,,,,,,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	5,526	21	320
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ä		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	77,728	26	52,300
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	875,042	27	704,613
Ba	28	Net assets with donor restrictions	1,060,924	28	931,618
n D		Organizations that do not follow FASB ASC 958, check here	,,-		
卫		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	i e				
χÞ	32	Total net assets or fund balances	1,935,966	32	1,636,231

Form **990** (2024)

						9°
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				2,581
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,513,928		
3	Revenue less expenses. Subtract line 2 from line 1	3			(321	,347)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			1,93	5,966
5	Net unrealized gains (losses) on investments	5			2	1,612
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			1,63	6,231
Part	XII Financial Statements and Reporting					
	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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	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	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were auc	lited o	n a 📗			
	separate basis, consolidated basis, or both.					
	☐ 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 over					
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		.	За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b		

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

vaille	or the organization					Employer identification	Humber				
INTE	NTERNATIONAL LITERACY AND DEVELOPMENT 45-2088800										
Pai	rt I Reason for Public Char	ity Status. (All	organizations must	t comple	te this p	art.) See instruction	ons.				
The o	organization is not a private foundat	ion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)					
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .										
4	A medical research organization						(iii). Enter the				
-	hospital's name, city, and state	•	,								
5	☐ An organization operated for the	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described in				
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	☐ A federal, state, or local govern	,	montal unit described	in coatio	n 170/h)	/1\/A\/ ₄ \					
7	An organization that normally r	•					the general nublic				
•	described in section 170(b)(1)(a			3011 110111	a govern	imental unit of hon	i tile general public				
)							
8	A community trust described in			-							
9	☐ An agricultural research organiz										
	or university or a non-land-gran	it college of agri	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or				
	university:					;;	,				
10	An organization that normally re receipts from activities related t	eceives (1) more	than 331/3% of its support to con	pport froi	n contrib	outions, membership	tees, and gross				
	support from gross investment	income and unr	elated business taxab	ole incom	e (less se	ection 511 tax) from	businesses				
	acquired by the organization af	ter June 30, 197	5. See section 509(a)(2). (Cor	nplete Pa	art III.)					
11	An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	on 509(a)(4).					
12	☐ An organization organized and c	perated exclusiv	vely for the benefit of,	to perfori	m the fun	ctions of, or to carry	out the purposes of				
	one or more publicly supported										
	the box on lines 12a through 12d	d that describes	the type of supporting	ı organiza	tion and	complete lines 12e,	12f, and 12g.				
а	a 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 e	lect a ma	jority of t	he directors or trust	ees of the				
	supporting organization. Yo	u must comple	ete Part IV, Sections	A and B.							
b	☐ Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having				
	control or management of the										
	organization(s). You must c										
С	Type III functionally integr	ated. A support	ing organization oper	ated in c	onnection	n with, and functiona	ally integrated with,				
	its supported organization(s						, ,				
d	I ☐ Type III non-functionally ir	ntegrated. A sui	pporting organization	operated	l in conne	ection with its suppo	orted organization(s)				
	that is not functionally integ										
	requirement (see instruction										
е		•	•		-		all Type III				
	functionally integrated, or Ty						л, туре III				
f		• •		, po9	. gaa	•					
g			orted organization(s)				•				
3	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	() Hame of supported organization	(,	(described on lines 1–10	listed in you	r governing	support (see	other support (see				
			above (see instructions))	docur	nent?	instructions)	instructions)				
				Yes	No						
					-						
(A)											
(B)											
	-										
(C)											
(D)											
 \											
(E)											

Schedule A (Form 990) 2024 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2023 (a) 2020 **(b)** 2021 (c) 2022 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2.382.602 3,184,888 3,610,541 3,049,163 2,831,509 15,058,703 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 2.382.602 3.184.888 3.610.541 3.049.163 2.831.509 15.058.703 4 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 **Public support.** Subtract line 5 from line 4 15,058,703 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 2,382,602 3,184,888 3,049,163 2,831,509 15,058,703 3,610,541 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from

2,378

3,381

253

5,364

33,873

43,688

88,684

253

10	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)	92,362	94,663	24,012	0		104	211,	141
11	Total support. Add lines 7 through 10							15,358,	781
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		1,434,	124
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			-			. , . ,	
Section	on C. Computation of Public Suppor	t Percentag	е						
14	Public support percentage for 2024 (line 6	6, column (f), c	livided by line	11, column (f))		14		98.05	%
15	Public support percentage from 2023 Sch					15		98.01	
16a	331/3% support test—2024. If the organic box and stop here. The organization qua								
b	33 ¹ / ₃ % support test—2023. If the organithis box and stop here . The organization								
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the organization	eets the facts facts-and-circ	-and-circumsta umstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd st as a	op here. publicly	Explain in supported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa	acts-and-circu	mstances test,	check this bo	x and	stop he	re. Explain	
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b, 	chec	k this bo	x and see	

similar sources

Net income from unrelated business activities, whether or not the business is regularly carried on

9

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.)

Secti	on A. Public Support	diadi tilo to	oto notoa pon	ow, piedoe ee	omplete i art	,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2020	(5) 2021	(0) 2022	(a) 2020	(6) 2024	(i) Total
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support		•		•		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	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 on 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 5 years. If the Form 990 is for the organization, check this box and stop he	•	,		or fifth tax ye		(/ (/
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment Inc				(6)	47	01
17	Investment income percentage for 2024 (•	. ,,		<u>%</u>
18	Investment income percentage from 2023 331/3% support tests—2024. If the organ						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2023. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di		=	-	-		_

Part IV **Supporting Organizations**

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

Se

secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5а				
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?	5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
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 "You," appearing 10h holow			
L	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Part	Supporting Organizations (continued)			-9
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		14	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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).			
Sooti	on D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	140
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental supported organization. Describe in Part VI how you supported supported organization (see instructions).			,
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a, 3b, and 3c below.</i> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If</i> "Yes," <i>provide details in Part VI.</i>	3a		
b	Did the organization direct 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		
С	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3c		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	\square Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_ 2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	allv i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2024

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D—Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Total annual distributions. Add lines 1 through 5. 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 7 8 Distributable amount for 2024 from Section C, line 6 8 9 Line 7 amount divided by line 8 amount (ii) (iii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 From 2019 **b** From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2024

Excess from 2024 . . .

Part VI	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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

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.)

Return Reference - Identifier				Explanation			
SCHEDULE A, PART II,	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
LINE 10 - OTHER INCOME	(1) OTHER REVENUE	92,362	94,663	24,012		104	211,141
	Total	92,362	94,663	24,012	0	104	211,141

Schedule B (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 45-2088800 INTERNATIONAL LITERACY AND DEVELOPMENT Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) filling 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), 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).

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Name of organization Employer identification number
INTERNATIONAL LITERACY AND DEVELOPMENT 45-2088800

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$112,800	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$58,330	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		\$57,825	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$N	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
INTERNATIONAL LITERACY AND DEVELOPMENT

Employer identification number 45-2088800

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(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 organization **Employer identification number** 45-2088800 INTERNATIONAL LITERACY AND DEVELOPMENT Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	the organization		Employer identification number
	NATIONAL LITERACY AND DEVELOPMENT	and Friedrick Other Circles Fried	45-2088800
Par			S Or Accounts
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		d in donor advised
	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, ar	= =	
•	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par	Conservation Easements		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) $\ \ \square$ Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
_			
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	nsferred, released, extinguished, or te	rminated by
	the organization during the tax year		
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy rega	rding the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, an	nd enforcina
•	9.		
7	Amount of expenses incurred in monitoring, ins		
•	·		<u> </u>
0		Od above estisfy the requirements of a	
8	Does each conservation easement reported on line		
_	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		•
	sheet, and include, if applicable, the text of the foot	=	tements that describes the
	organization's accounting for conservation easemen		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e 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 t		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
-	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item		
			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		

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Part	Organizations Maintaining Co	llections of Art,	Historical	Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, acceleration items (check all that apply).	ession, and other	ecords, che	ck any of the	e following that make	significant use of its
а	☐ Public exhibition		d Loan	or exchange	e program	
b	☐ Scholarly research			_		
С	☐ Preservation for future generations					
4	Provide a description of the organization's XIII.	s collections and	explain how	they further	the organization's exe	empt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than					
Part	Complete if the organization and		Form 990,	Part IV, line	9, or reported an a	mount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Part X	III and complete t	ne following	table.		Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount or	Form 990, Part X	, line 21, for	escrow or cu	stodial account liabili	ty? 🗹 Yes 🗌 No
b	If "Yes," explain the arrangement in Part X	III. Check here if t	he explanation	on has been	provided in Part XIII	v
Par	V Endowment Funds					
	Complete if the organization ans	swered "Yes" on	Form 990,	Part IV, line	10.	
	(a) Current year	b) Prior year	(c) Two years	s back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the c	urrent year end ba	lance (line 1	g, column (a)) held as:	
а	Board designated or quasi-endowment		`	· ()	,	
b	Permanent endowment %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%				
3a	Are there endowment funds not in the po	•		nat are held a	and administered for t	the
	organization by:					Yes No
	(i) Unrelated organizations?					. 3a(i)
						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organ					. 3b
4	Describe in Part XIII the intended uses of t		•			
Part						
	Complete if the organization and		Form 990.	Part IV. line	11a. See Form 990). Part X. line 10.
	Description of property	(a) Cost or other be (investment)	asis (b) Cost	or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
C	Leasehold improvements					
d	Equipment			9,387	9,387	0
e	Other			46,622	31,223	15,399
	Add lines 1a through 1e. (Column (d) must	equal Form 990. F	Part X, line 10			15,399

Schedule D (Form 990) (Rev. 1-2025)

Page 3

Part VII	Investments—Other Securities Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meti	nod of valuation: -of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A) US TR	EASURY BILLS	356,180	END OF YEAR MAI	RKET VALUE
(B) CERTI	FICATES OF DEPOSIT	376,673	END OF YEAR MAI	RKET VALUE
(C)		_		
(D)		_		
(E)		_		
(F)		_		
(G)		_		
(H)		_		
	mn (b) must equal Form 990, Part X, line 12, col. (B))	732,853		
Part VIII	Investments—Program Related Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	` '	nod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>_</u>	mn (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities			
Part X	Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, lind	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(a) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			
	uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under FASB ASC 740. Chec			

Page 4

Schedul	e D (Form 990) (Rev. 1-2025)			Page 4
Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.)	5	
Part	XIII Supplemental Information			
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
LINE 2B - EXPLANATION OF ESCROW AGREEMENT	ILAD ALLOWS ITS OWN EMPLOYEES IN CERTAIN FOREIGN COUNTRIES WITH LESS FLEXIBLE OR WELL-DEVELOPED BANKING SYSTEMS TO MAKE AND HOLD PERSONAL FUNDS DEPOSITS ALONGSIDE ILAD-OWNED DEPOSITS IN A SINGLE, LOCAL ILAD-OWNED BANK ACCOUNT. ILAD ITSELF THEN PROVIDES THE TRANSACTIONAL ACCOUNTING FOR SUCH CO-MINGLED CUSTODIAL FUNDS. FOR ILAD, THESE CUSTODIAL FUNDS ARE PROPERLY SHOWN AS A LIABILITY ON FORM 990, PART X, LINE 21.

SCHEDULE F (Form 990)

(Rev. January 2025)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

INTERNATIONAL LITERACY AND DEVELOPMENT

Employer identification number 45-2088800

	General Information Form 990, Part IV, line	on Activit	ies Outside	the United States. Con		answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the gran	ts or assistance, and the	selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.		-	•		d other assistance
3	Activities per Region. (The fo	(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)	EAST ASIA AND THE PACIFIC	0	6	PROGRAM SERVICES	LITERACY AND EDUCATION	302,067
	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LITERACY AND EDUCATION	16,140
(3)	MIDDLE EAST AND NORTH AFRICA	1	10	PROGRAM SERVICES	LITERACY AND EDUCATION	545,346
(4)	RUSSIA AND NEIGHBORING STATES	0	8	PROGRAM SERVICES	LITERACY AND EDUCATION, LINGUISTIC RESEARCH	271,828
(5)	SOUTH ASIA	0	1	PROGRAM SERVICES	LITERACY AND EDUCATION	4,551
(6)	SUB-SAHARAN AFRICA	1	8	PROGRAM SERVICES	ECONOMIC DEVELOPMENT; AGRICULTURAL DEVELOPMENT AND TRAINING	199,751
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	LITERACY AND EDUCATION	50,000
(8)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	BENEVOLENCE & RELIEF	2,698
	RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	ECONOMIC DEVELOPMENT; UKR WAR RELIEF	9,292
(10)	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	ECONOMIC DEVELOPMENT, CLEAN WATER, BENEVOLENCE & RELIEF	169,038
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	2	34			1,570,711
b	Total from continuation sheets to Part I	0	0			0
С	Totals (add lines 3a and 3b)	2	34			1,570,711

Schedule F (Form 990) (Rev. 1-2025) Page 2

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. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of organization section and EIN grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) LITERACY, AGRICULTURAL SUB-SAHARAN WIRE DEVELOPMENT, **AFRICA** 139,736 (1) **ECONOMIC** EDUCATION CENTRAL AMERICA WIRE AND THE CARIBBEAN 50,000 (2) (3)(4) (5) (6)(7) (8) (9)(10)(11)(12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

Part III 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	(b) Region	(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)
GENERAL ASSISTANCE, MEDICAL, FOOD, CLOTHING, SHELTER, COMMUNITY DEVELOPMENT	MIDDLE EAST AND NORTH AFRICA	50	506	CASH	2,192	MEDICAL SUPPLIES, FOOD, CLOTHING, HOME HEATING EQUIPMENT, GENERAL SUPPLIES FOR PERSONAL NEEDS	FAIR MARKET VALUE
GENERAL ASSISTANCE, (2) MEDICAL, TRAVEL	RUSSIA AND NEIGHBORING STATES	164	1,400	CASH	7,892	MEDICAL SUPPLIES, AIRFARE	FAIR MARKET VALUE
GENERAL ASSISTANCE, MEDICAL, FOOD, TRAVEL, SHELTER, COMMUNITY DEVELOPMENT	SUB-SAHARAN AFRICA	3,716	20,314	CASH	8,738	MEDICAL SUPPLIES, FOOD, TRANSPORT FARES, HOUSING REPAIR SUPPLIES, GENERAL SUPPLIES FOR PERSONAL NEEDS	FAIR MARKET VALUE
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) (Rev. 1-2025)

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	✓ 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	∨ 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	✓ 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	✓ 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	☑ 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	✓ No

Schedule F (Form 990) (Rev. 1-2025)

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS ARE MADE BASED ON FORMALIZED GRANT AGREEMENTS WITH GRANTEE ORGANIZATIONS THAT CLEARLY OUTLINE THE RESPONSIBILITIES AND OBLIGATIONS OF THE GRANTOR AND GRANTEE. GRANTS ARE MADE TO ORGANIZATIONS IN COUNTRIES WHERE ILAD HAS PERSONNEL OR AGENTS (NATIONAL AUTHORIZED REPRESENTATIVES), SO MONITORING IS DONE BY ILAD PERSONNEL OR ILAD AGENTS. ILAD PERSONNEL ALSO SPEND CONSIDERABLE AMOUNTS OF TIME IN-PERSON WITH GRANTEES TO SEE AND OBSERVE FIRST-HAND HOW THE FUNDS ARE USED AND THE PROGRAMS ARE DEVELOPED. IN ADDITION, ILAD REQUIRES GRANTEES TO PROVIDE BOTH FINANCIAL AND NARRATIVE REPORTS ON THE USE OF GRANT FUNDS ON AT LEAST AN ANNUAL BASIS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

SCHEDULE G (Form 990) (Rev. January 2025)

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 information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL LITERACY AND DEVELOPMENT 45-2088800 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of nongovernment grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No 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) (or retained by) organization (ii) Activity custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in col. (i) Yes No LENOX HILL PARTNERS, 2861 ROCK DEVELOPMENT AND FUNDRAISING **1** BARN DR., KERRVILLE, TX 78028 0 106,600 (106,600)2 3 4 5 6 7 8 9 10 0 106,600 (106,600)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. AL, AK, AR, CA, CO, FL, GA, HI, IL, KS, KY, MD, MI, MN, NV, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TN, VA, WA, WI

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater tha	n \$5,000.			
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	217,625			217,625
œ	2	Less: Contributions	217,625			217,625
	3	Gross income (line 1 minus line 2)	0	0	0	0
					<u> </u>	
	4	Cash prizes				0
	5	Noncash prizes	4,305			4,305
sesus	6	Rent/facility costs	4,823			4,823
Direct Expenses	7	Food and beverages	9,060			9,060
Direc	8	Entertainment	1,000			1,000
	9	Other direct expenses .	6,816			6,816
	10 11	Direct expense summary. Ad Net income summary. Subtra				26,004 (26,004)
Pa	rt III		e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	
		\$15,000 on Form 990-E2	Z, line 6a.			
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		_				
	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes %☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
_	_					
	a Is b If	inter the state(s) in which the or s the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities	ming activities: s in each of these states 	?	Yes No
10	a V	Vere any of the organization's g	aming licenses revoked	l, suspended, or termina	ated during the tax year	? . 🗌 Yes 🗌 No
	b If	"Yes," explain:				

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	Page 3					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity							
12	formed to administer charitable gaming?		☐ No					
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							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ No					
b								
	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 □ Employee □ Independent contractor							
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?	☐ Yes	☐ No					
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							
Part								

Schedule G (Form 990) (Rev. 1-2025)

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberInternational Literacy and Development45-2088800

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	LITERACY: USING THE ALPHABET CREATED AND TESTED IN 2021, THERE ARE CURRENTLY 2 WOMEN'S LITERACY CLASSES AND 3 STUDY GROUPS BEING HELD. THESE CLASSES AND GROUPS ARE LEARNING TO READ IN BOTH THE LOCAL LANGUAGE AND THE LANGUAGE OF WIDER USE.
	HEALTH: ILAD STAFF OFFERS INFORMATION AND TRAINING IN MATERNAL AND NEWBORN CARE ON AN AS-NEEDED BASIS.
	SOCIAL: ILAD STAFF MEETS WITH WOMEN AND MEN IN GROUPS TO DISCUSS WAYS TO IMPROVE THEIR PERSONAL AND COMMUNITY RELATIONSHIPS.
	LANGUAGE DEVELOPMENT: 1 LANGUAGE DEVELOPMENT PROJECT UNDERWAY TO PROVIDE ORAL, WRITTEN, AND DIGITAL RESOURCES FOR A DIFFERENT MINORITY LANGUAGE COMMUNITY IN THE REGION.
	IN CENTRAL ASIA, IN CENTRAL ASIA, ILAD ESTABLISHED AN INFORMAL SCHOOL TO SERVE REFUGEES AND LOW-RESOURCED PEOPLE IN NEED OF AN EDUCATION. THE SCHOOL WORKED WITH 18 ADULT AND CHILD STUDENTS IN AZERBAIJAN AND 3 CHILDREN IN AFGHANISTAN, REPRESENTING FOUR NATIONALITIES.
	RELIEF: 400+ UKRAINIAN AND ROMA PEOPLE WERE TAUGHT TACTICAL FIRST AID IN ORDER TO SERVE THOSE INJURED IN THE ONGOING CONFLICT. EACH OF THE PARTICIPANTS RECEIVED FIRST AID KITS.
	IN A WEST AFRICAN NATION, ILAD STAFF CONTINUE TO TRAIN FARMERS ON NEW DEMONSTRATION FARM THAT WAS ESTABLISHED IN 2023 TO TEACH ORGANIC PINEAPPLE AGRICULTURE AND PRODUCTION. THIS RURAL PROGRAM IS PATTERNED AFTER THE CURRENT DEMONSTRATION FARM AND INCLUDES AGRICULTURAL TRAINING, SOCIAL BUSINESS MANAGEMENT, AND AGROCREDIT PROGRAMMING.
	IN THE ARABIAN PENINSULA AND ANOTHER CAUCASUS REGION COUNTRY, ILAD STAFF ARE RESEARCHING LANGUAGE AND CULTURE, CONDUCTING MARKET ANALYSIS, AND DEVELOPING PROJECTS.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE	ASTER - SPEECH-TO-TEXT AND TEXT-TO-SPEECH SYSTEMS FOR ROHINGYA
DESCRIPTION	WOOLAROO FOR RUTUL - A PICTURE DICTIONARY APP FOR THE RUTUL IN CENTRAL ASIA
	BEJA PROJECT - HLT APPS AND SERVICES FOR THE BEJA PEOPLE IN NORTH AFRICA
	LAUREL - A PROTOTYPE TO DEMONSTRATE WHAT AN END USER APP COULD LOOK LIKE ONCE THE UNDERLYING TECHNOLOGIES HAVE BEEN DEVELOPED
FORM 990, PART III, LINE 4C -	WITH THE REFUGEE COMMUNITY IN HOUSTON.
PROGRAM SERVICÉ DESCRIPTION	YOUTH ENGAGEMENT: ILAD STAFF CONDUCTED A YOUTH CIVIC ENGAGEMENT SIX WEEK PROGRAM IN FALL WITH 13 YOUNG WOMEN WHO LEARNED BASIC ROHINGYA TO HELP THEIR PARENTS WITH IMPORTANT DOCUMENTS, PARTICIPATED IN A LOCAL EVENT TO HELP THEIR PARENTS REGISTER TO VOTE AND LEARN HOW TO USE VOTING MACHINES, AND ENGAGED IN FAMILY AND CULTURAL HISTORY LEARNING. THIS PROGRAM BUILT THE FOUNDATION FOR STABILITY THAT CAN LEAD TO DEEPER CIVIC ENGAGEMENT IN THE FUTURE.
Brenda H	LITERACY AND EDUCATION: ILAD CREATED A YOUTUBE CHANNEL THAT HOSTS VIDEOS COVERING A VARIETY OF IMPORTANT TOPICS AS WELL AS ENGLISH LEARNING TOOLS, ALL IN THE ROHINGYA LANGUAGE. THERE ARE OVER 5000 SUBSCRIBERS. ADDITIONALLY, IN 2023 ILAD PARTNERED WITH SESAME STREET EDUCATION TO TRANSLATE BOOKS INTO ROHINGYA AND IN 2024, ILAD PUBLISHED THOSE BOOKS. ILAD ALSO PARTNERED WITH BOOKS UNBOUND TO CREATE THE FIRST STANDARDIZED ROHINGYA DICTIONARY.
Orenda 40	BUSINESS DEVELOPMENT: THE ILAD DFW BUSINESS DEVELOPMENT CENTER (BDC) INCREASES THE DIGNITY AND WELL-BEING OF REFUGEES WHO WANT TO START BUSINESSES THROUGH A PACKAGE OF CAPACITY-BUILDING GUIDANCE SERVICES DESIGNED SPECIFICALLY FOR REFUGEES. PARTICIPANTS ACHIEVE FINANCIAL CONFIDENCE AND CREDIT-WORTHINESS, GET FUNDED, AND LAUNCH A BUSINESS WHICH PRODUCES REGULAR INCOME FOR THEIR HOUSEHOLD. IN 2024, 90 ENTREPRENEURIAL ARABIC SPEAKING REFUGEE CLIENTS PARTICIPATED IN BUSINESS DEVELOPMENT TRAINING. 5 NEW BUSINESSES WERE LAUNCHED, AND NEW PARTNERSHIPS WITHIN THE REFUGEE SERVICE COMMUNITY WERE ESTABLISHED.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberInternational Literacy and Development45-2088800

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D -	(EXPENSES \$125,636 INCLUDING GRANTS OF \$125,286)(REVENUE \$0)
DESCRIPTION OF OTHER PROGRAM SERVICES	ILAD'S LONGEST RUNNING PROGRAMS ARE IN WEST AFRICA, WHERE ILAD STAFF ARE INVOLVED IN LITERACY, AGRICULTURAL TRAINING, SOCIAL BUSINESS, MICRO-FINANCE, AND EDUCATION. ILAD CONDUCTED THE FOLLOWING ACTIVITIES:
	LITERACY: IN 2024, ILAD OPERATED 22 MOBILE LIBRARIES, SERVING OVER 2000 MINORITY LANGUAGE SPEAKERS ACROSS TWO COUNTRIES. 6 OF THE VILLAGES WHERE LIBRARIES HAVE BEEN ESTABLISHED HAVE BEGUN SERVICE CLUBS TO HELP THEIR COMMUNITY. THERE ARE ALSO 12 SCHOOLS WITH 20 TEACHERS WHO SERVE 1228 CHILDREN AND ADULTS. IN ANOTHER WEST AFRICAN COUNTRY, 67 WOMEN GRADUATED FROM 7 DIFFERENT LITERACY CLASSES THAT TOOK PLACE IN 5 DIFFERENT VILLAGES. 5 NEW ASSISTANT TEACHERS WERE TRAINED.
	AGRICULTURAL TRAINING: OVER 1,500 LOCAL FARMERS HAVE ADOPTED THE INNOVATIVE ORGANIC PINEAPPLE PRODUCTION METHODS BEING TAUGHT ON ILAD'S SELF-SUSTAINING DEMONSTRATION FARM. OVER 700 VILLAGE-BASED, SMALL-FARM CO-OPS ARE TRAINED AND IN OPERATION. THE AGRICULTURE PROJECT INCLUDES TEACHING POND CULTURE TILAPIA RAISING, ANIMAL HUSBANDRY, AND CROP DIVERSIFICATION. IN 2024, 15 LOCAL FARMERS WERE TRAINED IN MULTIPLE FARMING AND ANIMAL HUSBANDRY DISCIPLINES AT THE DEMONSTRATION FARM.
	SOCIAL BUSINESS: ILAD IS SUPPORTING THE CREATION OF LOCAL BUSINESSES TO PROVIDE FAIR MARKET PRICES FOR AGRICULTURAL PRODUCTS. IN 2024, THE JUICE FACTORY HIRED 24 NEW WORKERS. IN TOTAL, THESE BUSINESSES GENERATED OVER 100 FULL-TIME JOBS FOR LOCAL PEOPLE. IN 2024, A POULTRY AND EGG BUSINESS BEGAN AND WILL BE EXPANDING IN 2025. THE PROCEEDS FROM THIS BUSINESS WILL PROVIDE REVENUE FOR THE EDUCATIONAL ACTIVITIES.
	BUSINESS EDUCATION: IN 2024, 37 LOCAL ENTREPRENEURS WERE TRAINED IN A BUSINESS DEVELOPMENT CENTER DESIGNED TO EQUIP THEM WITH KNOWLEDGE AND TOOLS TO RUN ETHICAL, PROFITABLE, RELEVANT BUSINESSES IN THEIR COMMUNITIES THAT PROVIDE ECONOMIC AND SOCIAL BENEFITS. DURING THE PHASES OF TRAINING, SEVERAL OF THE LOCAL ENTREPRENEURS WERE TRAINED TO BE ABLE TO LEAD SOME OF THESE CLASSES THEMSELVES.
	MICROFINANCE: ILAD OFFERS FINANCIAL SERVICES SUCH AS SAVINGS AND MICRO LOANS THROUGH A RURAL AGRICULTURAL DEVELOPMENT PROGRAM. IN 2024, 2 MORE PARTICIPANTS WERE GIVEN LOANS TO BEGIN THEIR OWN PINEAPPLE FARMS. THESE LOANS RESULT IN A SUBSTANTIAL INCREASE IN INCOME FOR THE PARTICIPANTS. WHEN THE PROGRAM STARTED IN 2013, 5% OF THE FARMERS INVOLVED IN THE PROGRAM WERE LANDOWNERS AND AT THE END OF 2024, 25% OF THE FARMERS ARE LANDOWNERS.
	EDUCATION: IN 2024, ILAD CONTINUED TO PARTNER WITH A LOCAL VILLAGE TO PROVIDE A JR./SR. SCHOOL WHERE FORMERLY THERE WAS ONLY AN ELEMENTARY SCHOOL. THE MIDDLE SCHOOL HAD 108 STUDENTS WITH A PASSING RATE OF 82% AND THE HIGH SCHOOL HAD 21 STUDENTS WITH A PASSING RATE OF 80%.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, THIS LINE WAS ANSWERED NO IN ACCORDANCE WITH THE INSTRUCTIONS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED IN DETAIL BY THE ORGANIZATION'S TOP MANAGEMENT AND BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL BOARD DIRECTORS, PRINCIPAL OFFICERS AND COMMITTEE MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ON A PERIODIC BASIS. THE BOARD MONITORS THESE FORMS AND ANY DISCLOSURES MADE; UPON DISCLOSURE OF A CONFLICT, THE BOARD ALLOWS THE INDIVIDUAL TO PROVIDE ALL INFORMATION RELATED TO THE CONFLICT OF INTEREST IN QUESTION, AND THEN DISMISSES THE INDIVIDUAL AS THEY DISCUSS THE FACTS AND MAKE A DETERMINATION OF WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. IF IT IS FOUND THAT A CONFLICT DOES EXIST, THE INTERESTED PARTY IS EXCUSED FROM ALL DISCUSSIONS AND VOTING RELATED TO IT. IN ADDITION, THE BOARD WILL DO DUE DILIGENCE IN APPOINTING A INDIVIDUAL, WITH NO CONFLICT OF INTEREST, TO LOOK INTO AND PRESENT TO THE BOARD ANY REASONABLE/COMPARABLE ALTERNATIVE. ALL OF THIS IS DOCUMENTED AND KEPT ON FILE IN THE BOARD MINUTES.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE PRESIDENT/EXECUTIVE DIRECTOR'S COMPENSATION, THE INDEPENDENT BOARD USES COMPARABILITY DATA FROM MULTIPLE SOURCES INCLUDING EXTENSIVE KNOWLEDGE ON THE BOARD OF SIMILAR ORGANIZATIONS' PRACTICES. THEY ALSO USE TWO INDUSTRY RECOGNIZED COMPENSATION SURVEYS. THE INDEPENDENT BOARD APPROVES THE PRESIDENT/EXECUTIVE DIRECTOR'S COMPENSATION AND ALL STAFF COMPENSATION AS PART OF THE BUDGETING PROCESS. THE PROCESS USED AND DECISIONS REACHED ARE DOCUMENTED IN THE BOARD MINUTES.

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING THE CFO'S COMPENSATION, THE INDEPENDENT BOARD USES COMPARABILITY DATA FROM MULTIPLE SOURCES INCLUDING EXTENSIVE KNOWLEDGE ON THE BOARD OF SIMILAR ORGANIZATIONS' PRACTICES. THEY ALSO USE TWO INDUSTRY RECOGNIZED COMPENSATION SURVEYS. THE INDEPENDENT BOARD APPROVES THE CFO'S COMPENSATION AND ALL STAFF COMPENSATION AS PART OF THE BUDGETING PROCESS. THE PROCESS USED AND DECISIONS REACHED ARE DOCUMENTED IN THE BOARD MINUTES.						
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, FL, GA, HI, IL, KS, KY, MD, MI, MN, NC, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, VA, WA, WI						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.						
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(a) Description (b) Total Expenses (c) Program Service Expenses (d) Management and Expenses Expenses General Expenses					
	TECHNICAL/PROFESSION AL FEES	356,379	241,085	37,530	77,764		
	PAYROLL/ADMIN FEES	41,755	28,247	10,546	2,962		
	OTHER	OTHER 14,118 9,550 3,566 1,002					
	Total	Total 412,252 278,882 51,642 81,728					
SCHEDULE F, PART III(C) -	THE NUMBER OF RECIPIENTS ON PART III, COLUMN (C), REPRESENTS FAMILIES RECEIVING SSISTANCE.						

SCHEDULE R (Form 990) (Rev. January 2025)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990. Part IV, line 33.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

INTERNATIONAL LITERACY AND DEVELOPMENT

Employer identification number 45-2088800

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OPTIMUM CONNEXIONS LLC (32-0554066)	PAYROLL AGENT (TX)	TX	0	25,911	ILAD
5818 EMILY CT, MIDLOTHIAN, TX 76065				,	
(2) LIVE OAK STAFFING & LOGISTICS LLC (35-2617160)	PAYROLL AGENT (NON-TX)	TX	0	30,655	ILAD
P.O. BOX 383153, DUNCANVILLE, TX 75138					
(3) XRI, LLC (36-4901920)	LINGUISTIC	TX	415,330	0	ILAD
P.O. BOX 381456, DUNCANVILLE, TX 75138	RESEARCH/ACADEMIC				
(4) ACCESS GLOBAL TECH, LLC (30-1261462)	HLT & BDC APP	TX	0	36,861	ILAD
5818 EMILY CT, MIDLOTHIAN, TX 76065	DEVELOPMENT				
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ILAD TOGO 100 BLVD DE 30 AOUT, LOME, B.P. 12548, TO	EFFECT ONGOING CHANGE AND COMMUNITY DEVELOPMENT	TOGO	501(C)(3)		N/A		~
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(g) Share of end-of- year assets	Dispropalloca	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	x 20 managi X-1 partner		(k) Percentage ownership
		country)		sections 512-514)		Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5	(i) 512(b)(13) rolled tity?
								Yes	No
(1)	-								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		'
b	Gift, grant, or capital contribution to related organization(s)	1b	~	
С	Gift, grant, or capital contribution from related organization(s)	1c		~
d	Loans or loan guarantees to or for related organization(s)	1d		v
е		1e		v
f	Dividends from related organization(s)	1f		v
q		1g		~
h		1h		~
i		1i		~
i		1i		<u> </u>
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		~
ı		11		~
m		1m		~
n		1n		~
0		10		<u> </u>
U	orialing of paid employees with related organization(s)	10		
n	Reimbursement paid to related organization(s) for expenses	1p		~
q		1a		~
ч	The initibulise mentipalid by related organization (s) for expenses	14		_
_	Other transfer of cash or property to related organization(s)	1,		~
r		1r 1s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		obole	
		ı tıııe	SHOIC	15
	(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining a	amour	ıt invol	/ed
	type (a-s)			
(1)				
(2)				
(3)				
(A)				
(4)				
(5)				
-				
(6)				

Schedule R (Form 990) (Rev. 1-2025)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) domicile Predominant income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
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