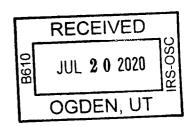
Under penalties of perjury, I getter that 1928 by mined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (otter trap officer) is based on all information of which preparer has any knowledges /2020 8ign ANDREW GOLDIN, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Paid GLENN MILLER, P00086726 Firm's name WEGNER CPAS, LLP Préparét 39-0974031 Firm's EIN 🛌 Firm's address > 419 N LBB ST Use Only ALEXANDRIA, Phone no. 703-519-0990 VA

May the IRS discuss this return with the preparer shown shove? (see instructions)

s2001 12:31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2018)



90 (2018) T.L.P. EDUCATION	35-204525	1 Pag
III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		
Brefly describe the organization's mission SEE SCHEDULE O.		
THE BELLEDONE OF		
	, , , , , , , , , , , , , , , , , , , 	~
old the organization undertake any significant program services during the year which we	ere not listed on the	·
onor Form 990 or 990-EZ?		Yes 🛣
f "Yes," describe these new services on Schedule O	<u></u>	
old the organization cease conducting, or make significant changes in how it conducts, a	uny program services?	Yes 🗶
f "Yes," describe these changes on Schedule O		
Describe the organization's program service accomplishments for each of its three larges	t program services, as measured by expe	nses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants (and allocations to others, the total expens	ses, and
evenue, if any, for each program service reported		
Code (Expenses \$ 1,642,006 including grants of \$	0 .) (Revenue \$	0
TRAINING & CONVENING - T.L.P. EDUCATION HOSTI		SUMMI
SESSIONS TO PREPARE SCHOOL LEADERS AND TEACH LEARNING PROGRAM. IN ADDITION, T.L.P. HOSTED	9 SPRING AND 12 FALL	
CONVENINGS FOR SCHOOL LEADERS AND TEACHERS TO		
TO OUR PARTNERS. IN TOTAL, 7,972 SCHOOL LEADI		ABLE
O ATTEND.		
Code (Expenses \$ 349,326. Including grants of \$	0 •) (Revenue \$	0
	RNING TEAM DEVELOPS	
	EXISTING SCHOOL PARTN	
ACROSS THE COUNTRY. THEY CONDUCT SITE VISITS THEIR LAUNCH AND ONGOING IMPLEMENTATION OF THE		WITH
HILL MONCH MAD CHOOLING IMPLISHEMATION OF TH	IB BOMMIT DEARWING FR	OGICAL
	·	
	<u> </u>	
		
Code) (Expenses \$281,331. including grants of \$	0 •) (Revenue \$	0
SCHOOL DISTRICT SUCCESS - THE SCHOOL AND DIST		
:1 COACHING AND SUPPORT TO ALL SCHOOL PARTNE		RICTS
	ING PROGRESS MONITORI	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DA	ATA-ANALYSIS AND GAP	ACTIO
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEF	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEP CONDITIONS AND INSTRUCTIONAL QUALITY THAT DEM	ATA-ANALYSIS AND GAP	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEF	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEP CONDITIONS AND INSTRUCTIONAL QUALITY THAT DEM	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
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PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEP CONDITIONS AND INSTRUCTIONAL QUALITY THAT DEM	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DESCRIPTIONS AND INSTRUCTIONAL QUALITY THAT DENTHE PROGRAM.	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DEFEONDITIONS AND INSTRUCTIONAL QUALITY THAT DENTHE PROGRAM.	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	
PROGRAM IMPROVEMENT BY ENGAGING IN REGULAR DAPLANNING. ADDITIONALLY, THE TEAM BEGAN TO DESCONDITIONS AND INSTRUCTIONAL QUALITY THAT DEMOTE PROGRAM. Other program services (Describe in Schedule O)	ATA-ANALYSIS AND GAP FINE THE SITE-LEVEL	WITHI

om 990 (2018) 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)? Х If "Yes." complete Schedule A X 2 is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X dunng the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III Did the organization report an amount in Part X, lino 21, for accrow 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 if the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI. VIII. IX. or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D. X Part VI 11a b Did the organization report an amount for investments other occurries in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for invostments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 110 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 X Part X. line 16? If "Yes." complete Schedule D. Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 125 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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 Х or more? If "Yes," complete Schedule F. Parts I and IV 14b Did the organization report on Part IX, column (/), lino 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes." complete Schedule F. Parts II and IV 15 Did the organization report on Part IX, column (A), lino 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of exponses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 832003 12-31-18

X

X

19

20a

20b

complete Schedule G. Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Fart II, III, or IV, and Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	Ņ
18	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ta 160)[Γ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1Ь]		İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming]		_
	(combine) veneza to pero veneza 2		٠.	1	

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X

X

X

X

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33

35a

35b

36

37

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Pai				
			Yes	No
28	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		l i	l
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	<u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	 ~		
08		6a		x
_	any contributions that were not tax deductible as chantable contributions?	- 	-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a.		ŀ
_	were not tax deductible?	6b_		ļ;
7	Organizations that may receive deductible contributions under section 170(c).	 -		X
	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		 ^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7Ь		├—
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		 ↓
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year [7d]			لــــا
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
_	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_	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ــــــ		لـــا
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter		1	l
а	Initiation fees and capital contributions included on Part VIII, line 12			i l
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	15		1 1
a	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
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			1
e	Enter the amount of reserves on hand	l		
	Did the organization receive any payments for indoor tenning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		 -	
13	excess parachute payment(s) dunng the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N	٠.٠		-
10		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-10	-	
	If "Yes," complete Form 4720, Schedule O	<u> </u>	agn	10040

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Form	990 (2018) T.L.P. EDUCATION	35-2645			age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi		"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See instructions			_
<u>:</u>	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No.
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	,		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3		·	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	<u> </u>		
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customanly performed by or under the	direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		X
6	Did the organization have members or stockholders?		6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s'	tockholders, or			
_	persons other than the governing body?		7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following	7		
_	The governing body?	,	8a	$\overline{\mathbf{x}}$	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	onog at are	9		X
800	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code I			
366	HOTE D. PONOTES (THIS SECTION D INQUESTS INTO THE LIGHT ADDRESS THAT TO QUINCO BY THE INTO THE			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	antere offiliates			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters, armatos,	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
		A Delote Illing ato total	<u> </u>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13		124		X
	Were officers, directors, or trusteos, and key employees required to disclose annually interests that could give rise	to conflicts?	126		
					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Your School to O how the weed done	so, describe	12c		
40	in Schedule O how this was done		13		X
13	Did the organization have a written whistleblower policy?		14	Х	
14	Did the organization have a written document retention and destruction policy?	l by independent	 ''-		 ,
15	Did the process for determining compensation of the following persons include a review and approve	by maependent	1		l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15a	X	
	The organization's CEO, Executive Director, or top management official		15a	X	\vdash
b	Other officers or key employees of the organization		130		-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ant with a	1		{
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	Henr With B	100		X
	taxable entity during the year?	ro do nortrometer	16a	-	
Þ	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate		1	'	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's	1	_	ســا
	exempt status with respect to such arrangements?	<u></u>	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	10007/0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	a 990-1 (20ction 501(c)(3	s only	avall	4DIG
	for public inspection. Indicate how you made these available. Check all that apply	- Cahadula Ol			
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, col	ntiict of interest policy, an	a finan	CIE	
	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 bo KIM GRIFFIN - (949) 328-4148	oks and records			
	818 W 7TH ST, NO. 930, LOS ANGELES, CA 90017			25.5	
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Part VII Co	mpensation of Officers, Directors, Trustees, Key Employee	s, 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

1e 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 Sec 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 report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest componsated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(do	not c		C) ition more rson	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations <i>below</i> line)	Individual trustes or director	institutional trustee	Officer	Кеу етрюуев	Highest compensated employee	Ротпе	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) PRISCILLA CHAN, M.D. CHAIR	1.00	x		x				0.	0.	0
2) DIANE TAVENNER	1.00			_	┢┈	\vdash	-		· · · · · · · · · · · · · · · · · · ·	
ECRETARY	<u> </u>	x	1	X				0.	0.	0
3) PEGGY ALFORD	1.00						Г			
REASURER (THRU APRIL 2019)		X	Ш	X	L		_	0.	0.	(
4) ALEX HERNANDEZ DIRECTOR	1.00	x	l					٥. ا	0.	(
5) ANDREW GOLDIN	40.00	 	\vdash	Н	-	\vdash	H			
EXECUTIVE DIRECTOR		1	ŀ	x	ŀ		ŀ	l o.	0.	1 (
							_			
									· · · · · · · · · · · · · · · · · · ·	
										
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			L							

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Form 990 (2018)

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Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/003			ghe	st C	Compensated Employe	es (continued)			
,	(A) Name and title	(B) Average hours per	box	not c	Pos heck sape ndad	rtion more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	ı	(F) Estima amoun	ted t of
		week (list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated emphyse		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		othe compens from t organize and rela organize	ation he ation ated
		line)	Indrad	hster	Officer	Key am	emppi	Former	1	1		Organiza	
			_	-		_							
				-						<u> </u>	_		
				_					-				
			_	_			_						
			_	-		_				····			
	<u> </u>		-			_							
1b	Sub-total	L	Ц	Щ.	Щ		Щ	<u> </u>	0.		0.		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<u>></u>	0.		0. 0.		0.
2 —	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	ove	a) wł	10 re	eceived more than \$100	0,000 of reportable		Yes	0 I No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		iste	e, ke	у еп	nplo	yee,	or l	highest compensated e	mployee on		3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl							•	the organization		4	x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ed organization or indiv	idual for services		5	X
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ens	ation from	
	the organization Report compensation for (A)	the calendar ye	ear e	endi	ng w	/Ith o	or w	thir	the organization's tax (B)	year		(C)	
TR	Name and business	address						4	Description of s	ervices		ompensati	on
333	33 MICHELSON DR STE 260 EX GLOBAL BUSINESS TRAV), IRVIN	IG,	, (261		PEO SERVICES TRAVEL AGENT	<u></u>		874,7	701.
	REET FL 34 & 35, JERSE						2		SERVICES			112,9	948.
								\dashv					
								+					
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	_	ot lır	nıte	d to	thos	•	ted	l above) who received m	nore than			
				_							_	Form 990	(2018)

Pa	<u>rt V</u>	III Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lii				
<u> </u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d All other program service reve	ts, and ve 1f	Business Code	7,000,000.			
	3 4 5	Investment income (including other similar amounts) income from investment of tax Royalties	dividends, inter-	est, and				
	7	a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less cost or other basis	(i) Securities	(ii) Other				
Other Revenue	,	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	of 1c) See	•				
Other	9	Part IV, line 18 b Lass direct expenses c Net income or (loss) from fund a Gross income from gaming ac Part IV, line 19 b Lass direct expenses c Net income or (loss) from gam	tivities See a b	D				
	10	a Gross sales of inventory, less and allowances b Less cost of goods sold c Net income or (loss) from sale Miscellaneous Revenue	returns a b s of inventory	Business Code				
	•	d All other revenue Total. Add lines 11a-11d Total revenue See instructions			7,000,000.	0.	0.	0.
	12	I ATOLI LEAGURE ORR HIZR REMOUS		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U • I	U .	, .

832009 12-31-18

Form **990** (2018)

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

a amounts reported on lines 6b,

I total expenses

Total expenses

Program \mathbf{x} (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,823 29,108 25,285 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 88,443. 673,459. 585,016. Other salanes and wages Pension plan accruals and contributions (include 40,587 6,136. section 401(k) and 403(b) employer contributions) 46,723. 125,294. 78,948. 16,455. 10,368. 108,839. Other employee benefits 68,580. Payroll taxes 10 11 Fees for services (non-employees) a Management 84,033. 84,033. b Legal e Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25. 409,257 316,204 93,053 column (A) amount, list line 11g expenses on Sch O) 8,000. 8,000. 12 Advertising and promotion 3,688. 6,713. 13 Office expenses 10,401. 25,859. 175,615. 149,756. 14 information technology 15 Royalties Occupancy 16 10,811. 60,915. 50,104 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,417,670. 1,417,670. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 7,299. 4,711. 2,588. 22 Depreciation, depletion, and amortization 7,147. 4,613. 2,534. 23 24 Other expenses. Itemize expenses not covered Other Appenses iterinize expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) b e All other expenses 0. 3,133,869. 347,791. 2,786,078. Total functional expenses Add lines 1 through 24e 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)

832010 12-31-18

11

Form 990 (2018) 14427_31

Form 990 (2018)
Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 0. 2,672,573. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net 7 8 Inventories for sale or use 8 Ō. 1,344,193. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 262,770. basis Complete Part VI of Schedule D 10a Ö. 7,299. 255,471. b Less accumulated depreciation 10c 11 Investments publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 intangible assets 626,987. 15 15 Other assets See Part IV, line 11 4,899,224. <u>n</u> . Total assets. Add lines 1 through 15 (must equal line 34) 18 16 1,033,093. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 Ō. 1,033,093. 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 0 3,866,131 27 Unrestricted net assets 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 0. 3,866,131. Total net assets or fund balances 33 33 4,899,224. 0.1

Form **990** (2018)

34

Total liabilities and net assets/fund balances

	990 (2018) T.L.P. EDUCATION	35-	26452	51	Pag	_{ze} 12
Pa	rt 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	<u>7,</u>	000	, 0	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	133	, 8	69.
3	Revenue less expenses Subtract line 2 from line 1	3	3,	866	,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u> </u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u>3,</u>	<u>866</u>	, 1	<u>31.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u>
			_		/es	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		_	- 1	٠.	. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	-		لــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	1 on a	1			. 1
	separate basis, consolidated basis, or both		- 1	- 1	ı	. 1
	Separate basis Consolidated basis Both consolidated and separate basis]_	.		
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	i		- 1	. (
	consolidated basis, or both		l i	- 1	- 1	. 1
	Separate basis Consolidated basis Both consolidated and separate basis		_	_ -		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1	J		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	O elube	_	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audi	nt	- 1		
	Act and OMB Circular A 133?		L	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audr	t	- 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>3b</u>	لب	
			F	orm 9	90 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

T.L.P. EDUCATION Employer identification number 35-2645251

Ρŧ	art II	Reason for Public	Charity Status (Ali organizations must c	omplete th	ns part) S	ee instructions	
he	organ	zation is not a private found	dation because it is	(For lines 1 through 12.	heck only	one box)		1
1		A church, convention of ch			-			\sim 1.
2		A school described in sect	•				1	
3	而	A hospital or a cooperative		•			/	ノヿ
4		A medical research organiz	-				-	the beentel's name
~		_	ation operated in co	иципсион жин а повриа	i describe	u III secut	AT TOOLDY INVANIATE CITIES	ine nospitai s name,
_	Г——	city, and state						
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental unit descri	pea in
	_	section 170(b)(1)(A)(iv). (0						
6	닕	A federal, state, or local go	•				• •	
7	لكضا	An organization that norma	ally receives a substa	intial part of its support	from a gov	rernmenta	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)					
8	닏	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)			
9	Щ.	An agricultural research org	ganization described	In section 170(b)(1)(A)	ix) operat	ed in conji	inction with a land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of the collec	ge or
		university						
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exer		•	•		·	•
		income and unrelated busin						
		See section 509(a)(2). (Con		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11		An organization organized	•	welv to test for nublic se	fety See	section 56	09(a)(4).	
12	襾	An organization organized		•	-			numoses of one or
_		more publicly supported or		•	-		-	
		lines 12a through 12d that	•					STICCK LITE DOX III
	. [Type I. A supporting orga				•		· anana
a			•	•	•			
		the supported organization		• • • •	a majonty	or me aire	ctors or wustees or the s	supporting
	Γ	organization You must o						
0	٠ ــــ	J Type II. A supporting org	•				*	-
		control or management o			ame perse	ons that co	ontrol or manage the sup	pported
	<u></u>	organization(s) You mus	•					
C	٠ ــــ	☐ Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with,	and functionally integrat	ed with,
	_	ts supported organization	n(s) (see instructions) You must complete	Part IV, Se	ections A,	D, and E.	
d	<u>لـــ</u>	☐ Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its supported organi	zation(s)
		that is not functionally int	tegrated The organiz	zation generally must sa	tisfy a dist	nbution re	quirement and an attent	veness
		requirement (see instruct	ions) You must con	nplete Part IV, Section:	A and D	and Part	V.	
е	· L_	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation		
f	Ente	r the number of supported o	organizations					
_9	Prov	ride the following information	n about the supporte	ed organization(s)				
	(1) Name of supported	(ii) EIN	(iii) Type of organization	(rv) is the orga in your govern	meation listed mo document?	(v) Amount of monetary	(vi) Amount of other
		organization	1	(described on lines 1.10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			l		ł	ł		}
						· · · · · ·		
					ŀ	i		<u> </u>
		····	· · · · · · · · · · · · · · · · · · ·				······································	
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		"			 	<u> </u>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 T.L.P. EDUCATION 35-2645251 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")					7000000.	7000000
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				•		
-	furnished by a governmental unit to	i				1	
	the organization without charge						
4	Total. Add lines 1 through 3		· · · · · · · · · · · · · · · · · · ·	1		7000000.	7000000
	The portion of total contributions			-			
٠	by each person (other than a					, ,	
	governmental unit or publicity						
	supported organization) included						
	on line 1 that exceeds 2% of the			ļ		1	
	amount shown on line 11,				1		
	column (f)	j			ļ		6860000
_	• •				 		140,000
	Public support. Subtract line 5 from line 4			·	<u> </u>	<u>. </u>	210,000
$\overline{}$	ction B. Total Support	(-) 0014	(h) 0015	(-) 2016	(d) 2017	(0) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 7000000.	7000000
	Amounts from line 4	ļ			ļ	7000000	700000
8	Gross income from interest,					1	
	dividends, payments received on]					
	secunties loans, rents, royalties,	}		·			
	and income from similar sources	ļ			 		
9	Net income from unrelated business	•				}	
	activities, whether or not the					l .	
	business is regularly carried on				ļ		
10	Other income Do not include gain]		
	or loss from the sale of capital			1			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<u>L</u>		7000000
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	F122F
	organization, check this box and sto						<u> </u>
Se	ction C. Computation of Pub	ic Support Pe	rcentage			, ,	
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11,	column (f))		14	
	Public support percentage from 2017					15	9
168	33 1/3% support test - 2018. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶∟
t	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check ti	nis box
	and stop here. The organization qua						▶└┈
178	10% -fects-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
Ŀ	10% -facts-and-circumstances tes	-	•			17a, and line 15 is	10% or
	more, and if the organization mooto t						
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organizate						ıs ▶□
					Sch	edule A (Form 990	or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018 T	.L.P. EDU	CATION	7 W	76)	35-264	15251 P
Part III Support Schedule for C					D . 11 15 4	
(Complete only if you checked qualify under the tests listed by			organization failed	to qualify under	Part II If the organ	ization fails to
Section A. Public Support	elow, please com	piete Fait (ii)				
Calendar'year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	∡(f) Tota
1 Gifts, grants, contributions, and					T	
membership fees received (Do not						X
include any "unusual grants ")						1
2 Gross receipts from admissions,						
merchandise sold or services per-	ĺ	ł	ł			ì
formed, or facilities furnished in	i					
any activity that is related to the organization's tax-exempt purpose					/	
3 Gross receipts from activities that					1	
are not an unrelated trade or bus-	1				ď	
Iness under section 513	i		1		1	İ
		 	 		 	
4 Tax revenues levied for the organ-	1		1			ı
ization's benefit and either paid to	!					
or expended on its behalf	 	 	 		 	
5 The value of services or facilities	ĺ	1	j	/	Ì	1
furnished by a governmental unit to	ĺ	1	/		Ι ΄]
the organization without charge		 			 	
6 Total. Add lines 1 through 5	<u> </u>	<u> </u>			<u> </u>	<u> </u>
7a Amounts included on lines 1, 2, and	ĺ	ł	/		1	ł
3 received from disqualified persons		<u> </u>				└ ──
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	i		/			i
amount on line 13 for the year			/		<u> </u>	
c Add lines 7a and 7b					<u> </u>	<u> </u>
8 Public support. (Subtractine 7c from line 8.)				بيب المستقد		<u> </u>
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b)∕2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
9 Amounts from line 6					<u> </u>	L
10a Gross income from interest,		/			1	
dividends, payments received on securities loans, rents, royalties,			1 1		1	,
and income from similar sources					<u> </u>	<u> </u>
b Unrelated business taxable income						
(less section 511 taxes) from businesses		ĺ	f		ĺ	1
acquired after June 30, 1975					1	
c Add lines 10a and 10b						
11 Net income from unrelated business	/					
ectivities not included in line 10b,			1 1		1	ļ
whether or not the business is regularly carried on		1				ł
12 Other income Do not include gain		1		· · · · · ·	1	T
or loss from the sale of capital		1			i	
			ţ 1			
assets (Explain in Part VI-)						1
assets (Explain in Part VI-) 13 Total support (Add lines 9, 10c, 11, and 12)	the organization	s first second thu	rd fourth or fifth te	y vaor es e sacti	on 501(c)(3) organi	zetion
assets (Explain in Part VI-)* 13 Total support (Add lines 9/10c, 11, and 12) 14 First five years, If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth te	x year as a secti	on 501(c)(3) organi	zation,
assets (Explain in Part VI) Total support (Add lines 9,10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here		** ** ***	d, fourth, or fifth te	x year as a secti	on 501(c)(3) organi	zation,
assets (Explain in Part VI) Total support (Add lines 9/10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication	ic Support Pe	rcentage		x year as a secti	· · · · · · · · · · · · · · · · · · ·	zation,
assets (Explain in Part VI) Total support (Add lines 9/10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication of Publication Section C. 2018 (I	ic Support Pe	ercentage divided by line 13,		x year as a secti	15	zation,
assets (Explain in Part VI) ² 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication of Publication Computation of Publication Section Computation of Publication Computation Computa	ic Support Pe ine 8, column (f), Schedule A, Part	ercentage divided by line 13,	column (f))	x year as a secti	· · · · · · · · · · · · · · · · · · ·	zation,
assets (Explain in Part VI) ² 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication of Publication Section Computation of Publication Section Computation of Publication Section Computation of Investment Section Computation of Investment Section Computation of Investment Section Computation of Investment Section Computation of Investment Section Computation of Investment Section Computation of Investment Section Computation Investment Section Investment Investment Section Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Invest	ic Support Pe line 8, column (f), 'Schedule A Part stment Incom	ercentage divided by line 13, III, line 15	column (f))	x year as a secti	15 16	zation,
assets (Explain in Part VI) ² 10al support (add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication Computation of Publication Computation of Publication Computation of Publication Computation of Investigation Computation Computati	ic Support Pe line 8, column (f), Schedule A Part stment Incom	ercentage divided by line 13, till, line 15 ne Percentage mn (f), divided by li	column (f))	x year as a secti	15 16	zation,
assets (Explain in Part VI) ² 10tal support (Add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Investigation of Investment income percentage for 20 18 Investment income percentage from 2	ic Support Peline 8, column (f), Schedule A, Partstment Incom	ercentage divided by line 13, till, line 15 e Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16	
assets (Explain in Part VI) ² 13 Total support (Add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Investigation D. Computation of Investigation D. Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2018. If the	ic Support Pe ine 8, column (f), Schedule A, Pert stment Incom 18 (line 10c, colum 2017 Schedule A, orgenization did in	ercentage divided by line 13, it iii, line 15 ie Percentage mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than	15 16 17 18 33 1/3%, and line	
assets (Explain in Part VI) ² 13 Total support (Add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Investor Investment income percentage from 2 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box all	ic Support Pe ine 8, column (f), Schedule A, Part stment Incom 18 (line 10c, colum 2017 Schedule A, orgenization did indistop here. The	ercentage divided by line 13, it iii, line 15 ie Percentage mn (f), divided by li Part III, line 17 not check the box organization quali	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than upported organiz	15 16 17 18 33 1/3%, and line	17 is not
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assets (Explain in Part VI) 13 Total support (Add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publication of Publication of Publication of Publication of Publication of Investment income percentage from 2017 Investment income percentage from 2018 Investment income percentage from 2017 Investment income percentage from 2018 Investment income percentage from	ic Support Pe ine 8, column (f), Schedule A, Pert stment Incom 18 (line 10c, colur 2017 Schedule A, organization did in distop here. The organization did in ck this box andst	ercentage divided by line 13, it iii, line 15 ie Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or top here. The orga	column (f)) on line 14, and line fies as a publicly so il line 14 or line 19a unization qualifies as	15 is more than upported organiz, and line 16 is ms a publicly supp is box and see in	15 16 17 18 33 1/3%, and line ation ore than 33 1/3%, orted organization structions	17 is not
assets (Explain in Part VI) 13 Total support (add lines 9/10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 15 Public support percentage for 2018 (in 16) 16 Public support percentage from 2017 Section D. Computation of Investment income percentage from 2018 17 Investment income percentage from 2018 18 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box as 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, check	ic Support Pe ine 8, column (f), Schedule A, Pert stment Incom 18 (line 10c, colur 2017 Schedule A, organization did in distop here. The organization did in ck this box andst	ercentage divided by line 13, it iii, line 15 ie Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or top here. The orga	column (f)) on line 14, and line fies as a publicly so il line 14 or line 19a unization qualifies as	15 is more than upported organiz, and line 16 is ms a publicly supp is box and see in	15 16 17 18 33 1/3%, and line ation ore than 33 1/3%, orted organization	17 is not

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

Section A. All Supporting Organizati	ions
--------------------------------------	------

	The state of the s		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	<u> </u>
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	cless 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			i
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			_ J
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1
	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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			_
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
	supported organization? If *Yes," describe in Part VI how the organization had such control and discretion			لن
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? # "Yes,"			1
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			i
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
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?	_5b		
	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			1
	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		i	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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 in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	96		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		

determine whether the organization had excess business holdings) 832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

		35-264525	1 P	ige 5
Pa	t IV Supporting Organizations (continued)			
	,		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	1		1
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1 1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	i		
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	— <u></u>		لـــــا
	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			i I
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u>-</u> -		
_	supervised, or controlled the supporting organization	[2		Ц
Sec	tion 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			1 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		1 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			L
Sec	tion D. All Type III Supporting Organizations			
		r	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	'		1 1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			اـــــا
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		1
	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		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	 		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below	,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions		<u> </u>
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	İ		1 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities		<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			i I
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}	l	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ		اــــا
	activities but for the organization's involvement	<u>26</u>	<u> </u>	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Щ.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 		لـــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	other Type III non-functionally integrated supporting organizations must co	Jiripiete Se	Cuons A unough L	(0) (0)
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	11		
2_	Recovenes of pnor-year distributions	2		<u> </u>
3_	Other gross income (see instructions)	3		<u> </u>
4	Add lines 1 through 3	4		<u></u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			1
	collection of gross income or for management, conservation, or	1 1		1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		I
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1s, 1b, and 1c)	10		· · · · · · · · · · · · · · · · · · ·
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	Ì		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		ļ
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	1 7 1		
8	Minimum Asset Amount (add line 7 to line 6)	8	***	
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
8	Distributable Amount, Subtract line 5 from line 4, unless subject to	\top		1
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 T.L.P. EDUCATION 35-2645251 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

ect	ion D - Distributions			Current Year
1	'Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
в	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
ect	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
_	From 2015	····		
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
÷	Remainder Subtract lines 3g, 3h, and 3i from 3f			
1	Distributions for 2018 from Section D.			
•	line 7 \$			
_	Applied to underdistributions of pnor years	· · · · · · · · · · · · · · · · · · ·		
_	Applied to 2018 distributable amount	· · · · · · · · · · · · · · · · · · ·		
	Remainder Subtract lines 4a and 4b from 4			
5				
,				
	any Subtract lines 3g and 4a from line 2 For result greater	•	1	
	than zero, explain in Part VI. See instructions			
В	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
_	Part VI See instructions		. ,	
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
3	Breakdown of line 7			·····
_	Excess from 2014	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2015		-	
	Excess from 2016	- · · - · - · - · · · · · · · · · · · ·		
	Excess from 2017			
	LAGOOD HOIN 2017			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 T.L.P. EDUCATION	35-2645251 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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	17b, Part III, line 12, and 2, Part IV, Section C, / 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 addition (See instructions)	nai information
SCHEDULE A, PART II:	
THE 2018 COLUMN ON SCHEDULE A, PART II REPRESENTS THE SHORT	TAX YEAR
BEGINNING AUGUST 10, 2018 AND ENDING JUNE 30, 2019.	
•	

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 2018 Open to Public Inspection

Name of the organization

T.L.P. EDUCATION

Employer identification number 35-2645251

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes L No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· —	oncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
	Total number of conservation easements	•	28
þ	Total acreage restricted by conservation easements		26
	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements of		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserve	ation easements during the year
	Date		MANAMEN CO
8	Does each conservation easement reported on line 2(d) abov	e sausty the requirements of section 170	(Π)(4)(Β)(I) Yes No
9.	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.	on accoments in the revenue and expense	
9	include, if applicable, the text of the footnote to the organization	-	
	conservation easements	don's impricial statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
18	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,
ь	if the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items	•	
	(i) Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	(ii) Assets included in Form 990, Part X	- -	▶ \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
AH	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 T.L.P.	EDUCATION						35-26	45251	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simila	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	s, chec	k any of the	following th	atare a s	ignificant i	use of its	collection r	tems
	(check all that apply)									
8	Public exhibition	d	=	Loan or exc	hange progi	ams				
ь	Scholarly research	θ	لـــا	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizat	on's exe	mpt purpo	se in Pai	t XIII	
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or oth	ner sımıla	r assets	_	_	_
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's co	ollection? ,			L	Yes	L No.
Pa	t IV Escrow and Custodial Arran	-	te if the	e organizatio	n answered	"Yes" or	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for	contribution	s or other a	ssets not	included	_	_	
	on Form 990, Part X?							L	_ l Yes	L No
b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
							<u> </u>		Amount	
c	Beginning batance						1c			
đ	Additions during the year						1d			
Θ	Distributions during the year						10			
f	Ending balance						1f			
28	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acci	ount liabi	lity?	L.	」Yes	No.
_	If "Yes," explain the errangement in Part XIII									<u> </u>
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	 					
		(a) Current year	(b) F	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance]				
b	Contributions									
¢	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships			,						
θ	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	lg, column (a	a)) held as					
a	Board designated or quasiendowment ▶		_%							
b	Permanent endowment	%								
c	Temporanly restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administ	ered for t	he organız	ation	_	
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(n)	
ь	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	ed on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par	t VI_ Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part I	V, line 11a S	ee Form 99	0, Part X,	line 10			
	Description of property	(a) Cost or of		(b) Cost			ccumulate	d	(d) Book v	alue
		basis (investm	nent)	basis	(other)	dep	preciation			
1a	Land									
ь	Buildings									
c	Leasehold improvements	<u> </u>								
d	Equipment			26	2,770.		7,29	99.	255,	471.
	Other	1				· ·		1 ~		

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

	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 11e or 11f See Fo	rm 990, Part X, line 25
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		_]
(2)			_]
(3)			_}
(4)			<u></u>
(5)			
(6)			
(7)			
(8)			_
(9)			_
Total.	Column (b) must equal Form 990, Part X, col (B) line 25)		

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

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018 T.L.P. BDUCAT	LION	35-4	2645251 Page 4
Part XI Reconciliation of Revenue per Audite	ed Financial Statements With Revenu	e per Return	•
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited fina	incial statements	1	7,000,000.
2 Amounts included on line 1 but not on Form 990, Part V	III, line 12		
a Net unrealized gains (losses) on investments	2a J		
b Donated services and use of facilities	2b	1	
c Recovenes of pnor year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2е	0.
3 Subtract line 2e from line 1		3	7,000,000.
4 Amounts included on Form 990, Part VIII, line 12, but no	ot on line 1	1 1	
a Investment expenses not included on Form 990, Part VI	II, line 7b 4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Forr		5	7,000,000.
Part XII Reconciliation of Expenses per Audit	ted Financial Statements With Expens	es per Retu	m.
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statement	ents	1	3,133,869.
2 Amounts included on line 1 but not on Form 990, Part I)	C, line 25	· T	
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		20	0.
3 Subtract line 2e from line 1		3	3,133,869.
4 Amounts included on Form 990, Part IX, line 25, but not	on line 1		
a Investment expenses not included on Form 990, Part VI	11, line 7b 4a		
b Other (Describe in Part XIII)	_4b		_
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Fo	rm 990, Part I, line 18)	5	3,133,869.
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9, I	Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part	X, line 2, Part XI,
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete t	his part to provide any additional information		
•			
	·····		
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· · · · · · · · · · · · · · · · · · ·			
			
32054 10-29-18		Sched	ule D (Form 990) 2018
· · -	20		2 (. 2 000) 20 10

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

SCHOOLS.

Supplemental Information to Form 990 or 990-EZ

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

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

2018 Open to Public Inspection

Department of the Treasury Name of the organization

T.L.P. EDUCATION

Employer identification number 35-2645251

FORM 990, PART I, LINE 1 THE NONPROFIT T.L.P. EDUCATION OVERSEES THE SUMMIT LEARNING PROGRAM - A RESEARCHED-BASED APPROACH TO EDUCATION DESIGNED TO DRIVE STUDENT ENGAGEMENT, STRONG STUDENT-TEACHER CONNECTIONS, AND MASTERY-BASED LEARNING. THE PROGRAM EQUIPS TEACHERS WITH COMPREHENSIVE TOOLS, TECHNOLOGY AND RESOURCES TO ENSURE THAT EVERY STUDENT IS MOTIVATED AND SUPPORTED TO REACH THEIR POTENTIAL, BOTH WITHIN THE CLASSROOM AND BEYOND. ACROSS THE NATION, SUMMIT LEARNING SERVES MORE THAN 80,000 STUDENTS AND PARTNERS WITH NEARLY 400 SCHOOLS, WHOSE DIVERSE COMMUNITIES ARE REPRESENTED THROUGH DISTRICT, CHARTER, AND INDEPENDENT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CURRICULUM & ASSESSMENT - CURRICULUM & ASSESSMENT PROVIDES PROJECT-BASED AND SELF-DIRECTED LEARNING RESOURCES TO PARTNER SCHOOLS AS WELL AS THE ASSOCIATED ASSESSMENTS AND SUPPORTS FOR ACCESSIBILITY AND DIFFERENTIATION. THE TEAM PRODUCED A NEW AND REVISED RUBRIC TO ASSESS COGNITIVE SKILLS, NEW COURSES FOR MATH (GRADES 9-12), SCIENCE (GRADES 9-11), SOCIAL STUDIES (GRADES 4,5,8 AND 10) AND NEW PROJECTS FOR ENGLISH LANGUAGE ARTS (VARIOUS GRADES). FOCUS AREAS (ALL GRADES) WERE REVISED TO IMPROVE THE QUALITY OF RESOURCES AND ASSESSMENT ITEMS, WITH NEW MATERIALS TO SUPPORT HIGH SCHOOL SCIENCE COURSES ALIGNED TO THE NEXT GENERATION SCIENCE STANDARDS. EXPENSES \$ 272,116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

T.L.P. EDUCATION

Employer identification number 35-2645251

MARKETING & COMMUNICATIONS - PROVIDED ON-THE-GROUND COMMUNICATIONS SUPPORT TO SCHOOL LEADERS ACROSS THE COUNTRY AND DEVELOPED TEMPLATE COMMUNICATIONS MATERIALS AND COORDINATED MEDIA OUTREACH. SUPPORTED THE LAUNCH OF T.L.P. EDUCATION AS AN INDEPENDENT NONPROFIT. TRAINED SCHOOL LEADERS AND FACULTY ON FAMILY AND COMMUNITY ENGAGEMENT AND WORKING WITH THE MEDIA WHILE DEVELOPING A PARENT ADVOCACY STRATEGY AND TRAINING PARENT ADVOCATES.

EXPENSES \$ 191,175. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GROWTH - THE GROWTH TEAM COMPLETED A FULL RECRUITMENT CYCLE FOR THE FIFTH COHORT OF SUMMIT LEARNING PROGRAM SCHOOLS. THIS INCLUDES, BUT IS NOT LIMITED TO APPLICATION PROCESS SUPPORT AND ENROLLMENT/ONBOARDING FOR NEW SCHOOLS.

EXPENSES \$ 50,124. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART III, LINE 1

THE NONPROFIT T.L.P. EDUCATION OVERSES THE SUMMIT LEARNING PROGRAM - A RESEARCHED-BASED APPROACH TO EDUCATION DESIGNED TO DRIVE STUDENT ENGAGEMENT, STRONG STUDENT-TEACHER CONNECTIONS, AND MASTERY-BASED LEARNING. THE PROGRAM EQUIPS TEACHERS WITH COMPREHENSIVE TOOLS, TECHNOLOGY AND RESOURCES TO ENSURE THAT EVERY STUDENT IS MOTIVATED AND SUPPORTED TO REACH THEIR POTENTIAL, BOTH WITHIN THE CLASSROOM AND BEYOND. ACROSS THE NATION, SUMMIT LEARNING SERVES MORE THAN 80,000 STUDENTS AND PARTNERS WITH NEARLY 400 SCHOOLS, WHOSE DIVERSE COMMUNITIES ARE REPRESENTED THROUGH DISTRICT, CHARTER, AND INDEPENDENT SCHOOLS.

832212 10-10-18

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

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Schedule O (Form 990 or 990-EZ) (2018) Name of the organization T.L.P. EDUCATION	Employer identification number 35-2645251
MANAGEMENT AND GENERAL EXPENSES	84,007.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	231,613.
PLATFORM CONTENT PROVIDERS:	
PROGRAM SERVICE EXPENSES	46,405.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,405.
RECRUITING CONSULTANT:	·
PROGRAM SERVICE EXPENSES	51,713.
MANAGEMENT AND GENERAL EXPENSES.	8,286.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,999.
FELLOWSHIP FRES:	
PROGRAM SERVICE EXPENSES	65,455.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES -	0.
TOTAL EXPENSES	65,455.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	5,025.
MANAGEMENT AND GENERAL EXPENSES	760.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,785.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	409,257.
852212 10-10-18 33 010715 788028 14427.3AU01 2018.06000 T.L.P. EDUCATION	ichedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered *Yes* on Form 990, Part IV, line 33, 34, 356, 38, or 37.

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

2018
Open to Public Inspection
Employer identification number 35-2645251 OMB No 1545-0047

(g) san Size (g) on Size (g) on the second s (f) Direct controlling 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 entity (e) End-of-year assets ◉ (d) Total income Ŧ Legal domicile (state or Part I I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) છ Primary activity ≘ € T.L.P. EDUCATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization

Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13) controlled	d 5(13)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	S.
CHAN ZUCKERBERG BIOHUB, INC 81-1669175							İ
499 ILLINOIS STREET							
SAN FRANCISCO, CA 94158	MEDICAL RESEARCH	CALIFORNIA	501(C)(3)	LINE 4	A/A	_	bd
CHAN ZUCKERBERG INITIATIVE ADVOCACY -							
81-3742328, 314 LYTTON AVENUE, SUITE 200,	Y						
PALO ALTO, CA 94301	SOCIAL WELFARE	CALIFORNIA	501(C)(4)	N/A	N/A		bd.
CHAN ZUCKERBERG INITIATIVE FOUNDATION -							ľ
45-5002209, 314 LYTTON AVENUE, SUITE 200,	Y						
PALO ALTO, CA 94301	GRANTMAKING	CALIPORNIA	501(C)(3)	P.P.	4/A	_	bd.
THE PRIMARY SCHOOL - 36-4858582							
314 LYTTON AVENUE, SUITE 200							
PALO ALTO, CA 94301	SOCIAL WELFARE	CALIPORNIA	501(C)(4)	N/A	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2018	orm 990)	2018

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

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35-2645251

Schedule R (Form 990) T.L.P. EDUCATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name address one N	(b)	(c)	6	•	€ .	(g) Section 5 (2(b)(13	୍ର
of related organization	Frintery activity	Legal domicile (state or foreign country)	exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	
				501(c)(3))		Yes No	_
THE PRIMARY SCHOOL - EAST PALO ALTO -						├	ĺ
47-3334579, 314 LYTTON AVENUE, SUITE 200,							
	BDUCATION	CALIFORNIA	501(C)(3)	LINB 2	N/A	×	
OPENNESS FOUNDATION - 27-0889149							ı
314 LYTTON AVENUE, SUITE 200							
	SRANTMAKING	CALIPORNIA	501(C)(3)	PP	. «/×	*	
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Schedule R (Form 990) 2018 T.L.P. EDUCATION

Scriedule in Ironin 330) 2010	10.000							107C#07-CC	TC7C	Page 2
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	panizations Taxable as a Pa rtnership during the tax year	ıs e Partn x year	arship. Complete if t	the organization answe	red "Yes" on Form	1990, Part IV, line	34, because	e it had one or mo	re relate	
(a)	(q)	(0)	(P)	(0)	()	(6)	£	3	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or fredm	Direct controlling entity	Predominant income (related, unrelated, excluded from lax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V UBI amount in box	General or managing pertner?	General or Percentage managing ownership
		country)		sections 512-514)		coocio	Yes No	K-1 (Form 1065)	Yesho	
							_			
•								•		
								•		

(E)	(<u> </u>	9	•	£	6	ε	Ξ
Name, address, and EIN of related organization	Pnmary activity	Legal domicle (state or foreign country)	Arect controlling entity	Type of entity (C corp., S corp., or trust)	Share of total income	Share of end-of-year assets	Percentage	Section 512(b)(13) controlled entity?
PACEBOOK, INC.								_
1601 WILLOW ROAD SOC	SOCIAL MEDIA SERVICE							
	COMPANY	DE	N/A	C CORP	0	0.	800	×
Por purposes of IRS Form 990, Pacebook may								+
technically be considered a "related								
organization" due to its relationship with								
one of CZI's founders, coupled with CZI's								ł
partnership with TLP. Pacebook is otherwise								
unaffillated with and does not control TLP.								
As part of the partnership between CZI and								H
TLP, CZI provides pro bono technology								
Support for TLP programs, CZI staffers								
working with TLP follow the same privacy and								<u> </u>
security policies to which TLP holds itself								
and other partners. Data is used for								
BONGS to Bourposes only and is not sold		38				School	Schedule B (Form 990) 3018	100
nor shared. For more information visit								2
www.summitlearning.org/orivacy-center								

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

Ž	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					8	2
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts H: V?	with one or more re	stated organizations listed	in Parts II-IV?			
æ	Receipt of (i) interest, (ii) annutias, (iii) royalties, or (iv) rent from a controlled entity				18		M
Ω	 Gift, grant, or capital contribution to related organization(s) 				4		M
O	Gift, grant, or capital contribution from related organization(s)				10		M
ъ	d Loans or loan guarantees to or for related organization(s)				9		Þ 4
Φ	 Loans or loan guarantees by related organization(s) 				10		×
•	Dividends from related organization(s)				÷		×
6	Sale of assets to related organization(s)				18		×
£	Purchase of assets from related organization(s)				£		×
-	Exchange of assets with related organization(s)				=		×
-	Lease of facilities, equipment, or other assets to related organization(s)				=	П	×
	l basa of farilihas an immant or other assate from related organization(a)				+		٦×
: -	Dodomono of common of comm	1-14			•	T	; >
-	Feriornance of Services of membership of Tundraising solicitations for related organization(s)	ization(s)			=	1	۱
Ε	m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			Ē		×
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			4		×
0	Sharing of paid employees with related organization(s)				9		×
				,	Ì		٦
ο.	p Reimbursement paid to related organization(s) for expenses				4		×
σ	Reimbursement paid by related organization(s) for expenses				19	П	×
					Ì		٦
-	Other transfer of cash or property to related organization(s)				=		M
6	Other transfer of cash or property from related organization(s)				18		×
8	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 thresholds	to must complete the	ns line, including covered	relationships and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
9							Ì
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(2)			٠				
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Schedule R (Form 990) 2018

(6) 832163 10-02-18

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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) (b) (c) (d)	(q)	(0)	(P)	(9)	9	(6)	ε	3	9	3
Name, address, and EIN of entity	Primary activity .	Legal domicile (state or foreign	Predominant income paties see (related, unrelated, 501(e)3)	Ara all arthers sec 501(c)(3)	ਨਿ	g 0	Desproper	Dispropor Code V-UBI General or Percentage boate amount in box 20 managing ownership	General or managing	Percentage
		country)	sections 512-514)	<u>8</u>	_		Yes	Form 1065)	Yes	
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				#			\pm		$\frac{1}{2}$	
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832164 10-02-18

Schedule R (Form 990) 2018 T.L.P. EDUCATION	35-2645251 Page 5
Provide additional information or responses to questions on Schedule R. See instructions	
FORM 990, SCHEDULE R, PART II AND PART IV	
FACEBOOK MAY TECHNICALLY BE CONSIDERED A "RELATED ORGANIZ	ATION" FOR IRS
FORM 990 REPORTING PURPOSES THROUGH ITS RELATIONSHIP WITH	ONE OF CZI'S
FOUNDERS, GIVEN CZI'S PARTNERSHIP WITH T.L.P. EDUCATION.	FACEBOOK IS
OTHERWISE UNAFFILIATED WITH AND DOES NOT CONTROL T.L.P ED	OUCATION. AS
PART OF THE PARTNERSHIP BETWEEN CZI AND T.L.P. EDUCATION,	CZI PROVIDES
PRO BONO SUPPORT, INCLUDING TECHNOLOGY SUPPORT, FOR THE S	UMMIT LEARNING
PROGRAM (SLP). CZI STAFFERS WORKING ON SLP FOLLOW THE S	AME PRIVACY
AND SECURITY POLICIES THAT SLP HOLDS ITSELF AND ITS SERVI	CES PROVIDERS
TO. DATA IS USED FOR EDUCATIONAL PURPOSES ONLY AND WILL	NOT BE SOLD,
NOR IS ANY DATA SHARED WITH FACEBOOK. MORE CAN BE FOUND	ON THESE
POLICIES AND PRACTICES HERE:	
HTTPS://WWW.SUMMITLEARNING.ORG/PRIVACY CENTER.	
	