Diagnostic Report

Tax Year: 2018 **Return No**: 0143MF

Taxpayer: THE NATIONAL LEADERSHIP FOUNDATION

ID No : 80-0015944

** NO SEVERE DIAGNOSTICS DETECTED **

** NO INFORMATIONAL DIAGNOSTICS DETECTED **

ELECTRONIC FILING - REJECTS DIAGNOSTICS : TOTAL 1

FEDERAL (1)

1.SIGNATURE OPTION

YOU MUST SELECT A SIGNATURE OPTION PRIOR TO CREATING THE ELECTRONIC FILE FOR YOUR RETURN. PLEASE SELECT ONE UNDER ORGANIZER - EFILE RETURN - SIGNATURE AUTHORIZATION - SIGNATURE OPTION.

* indicates Diagnostic has been suppressed.

Override Summary Report

Tax Year: 2018 Return No: 0143 MF

Taxpayer: THE NATIONAL LEADERSHIP FOUNDATION

ID No : 80-0015944

Screen Name	Override Data	Automatic/Computed Data
STEP 1- ENABLE LETTERS	A	В
STEP 2 - ELECTRONIC SIGNAT		1

Description	2018	2017	Difference
Revenue			
Contributions and grants	191,621.	181,644.	9,977.
Program service revenue	118,338.	103,717.	14,621.
nvestment income	733.	290.	443
Other revenue			
Total revenue	310,692.	285,651.	25,041
Expenses			
Grants and similar amounts paid	138,301.	103,122.	35,179
Benefits paid to or for members			
Salaries, other compensation, employee benefits			
Professional fundraising fees			
Other expenses	147,721.	102,743.	44,978
Fotal expenses	286,022.	205,865.	80,157
Net Assets or Fund Balances			
Total assets	585,566.	560,735.	24,831
Total liabilities	3,095.	3,095.	
Net assets	582,471.	557,640.	24,831

Estimated Values Summary Report

Tax Year: 2018 Return No: 0143 MF

Taxpayer: THE NATIONAL LEADERSHIP FOUNDATION

ID No : 80-0015944

Screen Name Estimated Value

ESTIMATES: NO INFORMATION

Hartman Wanzor LLP Certified Public Accountants 6050 Southwest Blvd., Suite 150 Fort Worth, TX 76109

May 15, 2019

The National Leadership Foundation 3204 South University Dr. Fort Worth, TX 76109-2212

Dear Elliot,

Enclosed are the following income tax returns prepared on behalf of The National Leadership Foundation for the year ended December 31, 2018.

2018 990 - Return of Organization Exempt from Income Tax 2018 Schedule A - Public Charity Status and Public Support 2018 Schedule B - Schedule of Contributors 2018 Schedule D - Supplemental Financial Statements 2018 Schedule G - Supplemental Info. Regarding Fundraising/Gaming 2018 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S. 2018 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Nicholas L Wanzor , Partner Hartman Wanzor LLP Certified Public Accountants

Enclosures

Hartman Wanzor LLP Certified Public Accountants 6050 Southwest Blvd., Suite 150 Fort Worth, TX 76109

The National Leadership Foundation Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

Hartman Wanzor LLP 6050 Southwest Blvd., Suite 150 Fort Worth TX 76109

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2018, and ending

OMB No. 1545-0047

A F	or the	e 2018	calendar year, or tax year beginning	, 2018	, and ending				, 20	
_			C Name of organization				D Employer ider	ıtificati	ion number	r
В	heck if a	pplicable:	THE NATIONAL LEADERSHI	IP FOUNDATION			80-0015	5944		
	Addre		Doing business as							
	7	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone nur	nber		
	Initial	return	3204 SOUTH UNIVERSITY	DR.	100		(817) 569	9 – 98	340	
	Final	return/	City or town, state or province, country, a	nd ZIP or foreign postal code			,			
	Lermii Amen	ided	FORT WORTH, TX 76109-2	2212			G Gross receipts	\$	2	310,692.
	return Applie	cation	F Name and address of principal officer:	DEBBE SOLOMON			H(a) Is this a grou			Yes X No
	pendi	ng	3204 SOUTH UNIVERSITY		'Y 76109-	-2	subordinates' H(b) Are all subordi		\vdash	Yes No
_	Tay-ay	empt st) (insert no.) 4947(a)(1)			` ′		st. (see instruc	
		te:	(1)) ((insert no.) 4947 (a)(1)	01 52					tions)
			·	Association Other ►	I Vaara		H(c) Group exemption: 2004 M s			icile: TX
	art I		Immary	Association Other	L real 0	Tiomial	1011. ZUU4 W	state of	ii iegai domi	cile. IA
			y describe the organization's mission or	TO DD	OMIDE ED	ידור א ידי	TONAT ODD		INTTUTEO	1
•	1				OVIDE ED	UCAI	TONAL OPPO	JRIU	MITIES	, ,
Governance			RNING ACTIVITIES AND COM	IMUNITI SUPPORT						
r	_									
o e	2			scontinued its operations or dispos						_
	3		per of voting members of the governing					3		
Se	4		per of independent voting members of the					4		5.
Activities &	5		number of individuals employed in cale					5		0.
ŧ	6	Total	number of volunteers (estimate if necess	sary)				6		
⋖	1		unrelated business revenue from Part VI					7a		0.
	b	Net u	nrelated business taxable income from F	orm 990-T, line 38				7b		
							Prior Year	\perp		nt Year
<u>o</u>	8		ibutions and grants (Part VIII, line 1h) 🚬				181,64			91,621.
Revenue	9		am service revenue (Part VIII, line 2g) 🚬				103,71	7.	1	18,338.
ě.	10	Invest	tment income (Part VIII, column (A), line	s 3, 4, and 7d)			29	0.		733.
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				0.		0.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12)			285,65	1.	3	10,692.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			103,12	2.	1	38,301.
	14	Benef	its paid to or for members (Part IX, colur	mn (A), line 4)				0.		0.
Ś	15		es, other compensation, employee bene					0.		0.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.		0.
Ç	b		fundraising expenses (Part IX, column (E							
ш	17		expenses (Part IX, column (A), lines 11a				102,74	3.	1	47,721.
			expenses. Add lines 13-17 (must equal				205,86	_		86,022.
	19		nue less expenses. Subtract line 18 from				79,78			24,670.
or			Table of participation of the first of the f			Begin	ning of Current Y		End o	
ets	20	Total	assets (Part X, line 16)				560,73	5.	5	85,566.
Ass Bal	21		liabilities (Part X, line 26)				3,09			3,095.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				557,64		5	82,471.
	rt II		gnature Block							
			of perjury, I declare that I have examined thi	s return, including accompanying sched	lules and stater	ments, a	and to the best of	my kn	nowledge ar	nd belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer ha	s any kr	nowledge.			
							05/1	4/20	19	
Sig			Signature of officer				Date			
He	re		DEBBE SOLOMON	BOARD	MEMBER					
			Type or print name and title							
_		Print/	Type preparer's name	Preparer's signature	Date		Check	if PT	ΓIN	
Paid	t	NICHO	DLAS L WANZOR PARTNER				self-employe		P0050	5046
	parer	Firm's	s name ►HARTMAN WANZOR LL:	P			Firm's EIN ▶ 4			
Use	Only								529-393	30
Ma	v the	IRS d	s address ►6050 SOUTHWEST BLVD., SUI liscuss this return with the preparer	shown above? (see instructions)					
_			Reduction Act Notice, see the separate		/		<u> </u>			990 (2018)
. 01	. upe	J. K	modulon not monoc, see the separat	uotioiioi					1 01111	2010)

Pa		tatement of Program Service theck if Schedule O contains a	Accomplishments response or note to any line in this Part	III						
1	Briefly describe the organization's mission: NONE									
2	prior Form		ficant program services during the year							
3	Did the o services?.	organization cease conducting	, or make significant changes in h							
4	Describe t expenses.	he organization's program se Section 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to report each program service reported.							
4a	COORDINA MUSEUMS U.S. LEA	ATE THE EFFORTS TO LO. , CONDUCT EDUCATIONAL ADERS AND PRODUCE PUB	286,022. including grants of \$ AN HISTORICAL ARTIFACTS TO SEMINARS HIGHLIGHTING OUT LICATIONS RELATING STORIES FOUNDATION PROVIDES SUPPO	VARIOUS STANDING OF GREAT	310,692)					
	COMMUNIC	TY ORGANIZATIONS AND	PHILANTHROPIC EDUCATION PR	OGRAMS.						
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other prog	gram services (Describe in Sche \$ including gra		, ¢						
4e	· ·	ram service expenses		ΙΨ /						

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Part		30		
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	and the second s		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	(0015)
JSA		r-orm	JJU	(2018)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		•	
		Earn	aan	12010

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

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

Sect	ion A. Governing Body and Management				
	<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with			
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other pe	erson?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? •		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?	5		X
6	Did the organization have members or stockholders?	I	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		_		3.7
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by)				v
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ken during			
	the year by the following:		8a	Х	
a	The governing body?		8b	X	
ь	Each committee with authority to act on behalf of the governing body?		85	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal			.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such	I			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos		10b		
11a			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy'				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approximately approxima				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and		15-		v
a	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Λ
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr with a taxable entity during the year?	•	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to every control of the organization of the organiz				
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{TX}$,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990), and 990-T	(Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedul	le O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inte	rest p	oolicy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books M WHITE & ASSOCIATES, PLLC 300 THROCKMORTON ST., SUITE 1400 FORT WORTH, TX 817-840-3220	s and records	•		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DEBBE SOLOMON	0.									
DIRECTOR	0.	Х						0.	0.	0.
(2)SEAN ALPERT	4.00									
DIRECTOR	0.	Х						0.	0.	0.
(3)JAMES O'NEILL	0.									
DIRECTOR	0.	Х						0.	0.	0.
(4)PHIL PUREVICH	0.									
DIRECTOR	0.	Х						0.	0.	0.
(5)HEATHER GOLDMAN	4.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employe	ees (d	continued	d)
(A) Name and title	(B) Average hours per week (list any hours for	Average Position Reportable compensation from pek (list any box, unless person is both an from related					Esti amo of	(F) mated punt of ther ensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orgar and	n the nization related nizations
1b Sub-total							\blacktriangleright	0.		0.		0.
c Total from continuation sheets to Part VII, S	-						>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	ceived more than	\$100,000 of	f		
											,	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Х
4 For any individual listed on line 1a, is the											3	22
organization and related organizations gre	eater than	\$15	0,0	00?	l If	"Yes	,"					
individual								related organization	on or individ	ual	4	X
for services rendered to the organization? If "Ye Section B. Independent Contractors											5	Х
Complete this table for your five highest communication from the organization. Report compensation from the organization.	pensated i compensati	ndepe on for	ende the	ent o	cont	ractor lar yea	rs t ar e	hat received more ending with or with	than \$100,0 nin the organ	000 c	of n's tax	
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensa	ation
							-					
							\vdash					

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more than \$100,000 in compensation from the organization \blacktriangleright

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

0.

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	v line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, (С	Fundraising events 1c	39,620.				
iai iai	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants,					
ē ģ		and similar amounts not included above . 1f	152,001.				
in d	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		191,621.			
'n			Business Code				
Şeve	2a	WEBSITE CONTRIBUTIONS	511190	113,913.	113,913.		
e	b	GIFT CARD CONTRIBUTIONS	511190	4,425.	4,425.		
ē	С						
Š	d						
Jrar	е						
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f	•	118,338.			
	3	Investment income (including divider		110,330.			
	"	and other similar amounts)		733.	733.		
	4	Income from investment of tax-exempt bond		0.	,33.		
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
e	8a	Gross income from fundraising					
ven		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
her		See Part IV, line 18 a					
ŏ	b C	Less: direct expenses b Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.		0.			
	Ja	See Part IV, line 19	0.				
	b	Less: direct expenses b	1				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	0.				
	b	Less: cost of goods sold b	0.				
	С	Net income or (loss) from sales of inventory.	<u> ▶ </u>	0.			
		Miscellaneous Revenue	Business Code				
	11a						-
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	· · · · · · P	310,692.	119,071.		1

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	-			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	138,301.	138,301.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	1,300.	1,300.		
c	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17	0.			
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.			
12	Advertising and promotion	15,133.	15,133.		
13	Office expenses	3,789.	3,789.		
14	Information technology	7,900.	7,900.		
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	916.	916.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	CATALOG PRODUCTION	51,004.	51,004.		
-	COMMUNICATIONS BANNER	11,579.	11,579.		
	CREDIT CARD/BANK FEES	4,095.	4,095.		
_	PRINTING	414.	414.		
	All other expenses ATCH 1	51,591.	51,591.		
	Total functional expenses. Add lines 1 through 24e	286,022.	286,022.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Part	נא	Datance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
\top	1	Cash - non-interest-bearing	205,555.	1	230,386.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5 6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	0.
1	-	Land, buildings, and equipment: cost or	<u> </u>		
	ıva	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation	0	10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	355,180.		355,180.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	560,735.		585,566.
$\overline{}$	17	Accounts payable and accrued expenses.	0.		0.
	18	Grants payable	0.		0.
	19	Deferred revenue	0.		0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ē		disqualified persons. Complete Part II of Schedule L	0.	22	0.
ر اڌ	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	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	3,095.	25	3,095.
2	26	Total liabilities. Add lines 17 through 25	3,095.	26	3,095.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	·		
ğ 2	27	Unrestricted net assets		27	
gala	28	Temporarily restricted net assets		28	
<u>Б</u> 2	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
9	32	Retained earnings, endowment, accumulated income, or other funds	557,640.	32	582,471.
et (33	Total net assets or fund balances	557,640.	33	582,471.
_	34	Total liabilities and net assets/fund balances	560,735.	34	585,566.
			500,755.	J	Form 990 (2018)

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Part						_
	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		3	10,6	592.
2	Total expenses (must equal Part IX, column (A), line 25)	2			86,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			24,6	570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	57,6	540.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			1	L61.
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		5	82,4	ŀ71.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2018)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number 80-0015944

Pai	rt I	Reason for Public Cha	irity Status (All c	organizations must d	complet	e this pa	art.) See instructions	i .	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	pol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:	-					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or	
		university:							
10	X	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its	
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes	
		of one or more publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).	
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
		supporting organization. `	You must complet	e Part IV, Sections A	and B.				
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must	complete Part IV	, Sections A and C.					
С		Type III functionally integrated	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,	
	_	$_$ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.		
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally inte	-		-		•	d an attentiveness	
		requirement (see instruct	•	•					
е		Check this box if the orga						I, Type III	
		functionally integrated, or				_	ion.		
t		iter the number of supported	•						
g		ovide the following information			1				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	1			instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		T	T		T	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	oort Percenta	ge			T T	
14	Public support percentage for 2018 (lin	•	•				<u>%</u>
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the org						
	box and stop here . The organization qu	-		_			
b	331/3% support test - 2017. If the org						
170	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets the					-	•
	organization			=	-	· · · · · ·	
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organ		=				
	Explain in Part VI how the organization						-
	supported organization				_	-	
18	Private foundation. If the organization						
	instructions						
						 	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(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.")	105,242.	126,632.	112,089.	285,361.	309,959.	939,283.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an						<u> </u>
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						<u> </u>
•	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						<u> </u>
ŭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	105 040	106 630	110 000	005 261	200 050	0.
	Amounts included on lines 1, 2, and 3	105,242.	126,632.	112,089.	285,361.	309,959.	939,283.
ı a	· ·						
b	received from disqualified persons Amounts included on lines 2 and 3						0.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b.						0.
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						939,283.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	105,242.	126,632.	112,089.	285,361.	309,959.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,242.	120,032.	112,009.	290.	733.	939,283.
b	Unrelated business taxable income (less				250.	733.	170231
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b				290.	733.	1,023.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				230.	733.	0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	105,242.	126,632.	112,089.	285,651.	310,692.	940,306.
14	First five years. If the Form 990 is for	or the organiza	tion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔃
Sec	tion C. Computation of Public Supp				ı		
15	Public support percentage for 2018 (line 8,				1	. 15	99.89%
16	Public support percentage from 2017 Sche					16	99.96%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2018 (lin	ne 10c, column (f), divided by line 1	3, column (f))		17	.11%
18	Investment income percentage from 2017		= = = =			18	.04%
19 a	331/3% support tests - 2018. If the org	ganization did no	ot check the box	on line 14, and	line 15 is more	e than 331/3%, a	nd line
	17 is not more than 331/3%, check this	is box and stor	here. The organ	nization qualifies	as a publicly	supported organiz	ation . ► X
b	331/3% support tests - 2017. If the orga	nization did not	check a box on li	ne 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	s as a publicly	supported organiz	ation ►
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions >

Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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 supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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? <i>If "Yes," provide detail in Part VI.</i>	9b		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

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

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

| 10b | | | Schedule A (Form 990 or 990-EZ) 2018

9c

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 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		
	on B. Type I Supporting Organizations	110		
	7. 2. Type Toupperung et gameatione		Yes	No
	Did the directors twisters or membership of one or more comparted arguminations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Casti		2		
Section	on C. Type II Supporting Organizations		Yes	Na
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) holow		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
•	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

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

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2018

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

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE 990 IS AVAILABLE TO THE BOARD OF DIRECTORS ONCE IT IS

APPROVED AND THE RETURN IS FILED.

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2018

Employer identification number

THE NATIONAL LEADE	ERSHIP FOUNDATION	80-0015944					
Organization type (check of	one):	00 0020311					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation					
	501(c)(3) taxable private foundation						
Note: Only a section 501(c) instructions. General Rule X For an organizat or more (in mone contributor's total special Rules		ributions totaling \$5,000 ctions for determining a					
regulations unde 13, 16a, or 16b,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
_	hat isn't covered by the General Rule and/or the Special Rules doesn't file S must answer "No" on Part IV, line 2, of its Form 990; or check the box on lin						

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

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

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

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

Name of organization THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number 80-0015944

Part I	Contributors ((see instructions)	. Use duplicate c	opies of Part I if	additional space is needed.
--------	----------------	--------------------	-------------------	--------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	COMMUNITY FOUNDATION 306 W. 7TH STREET, SUITE 1045 FORT WORTH, TX 76102	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMON CARTER 201 MAIN STREET # 1945 FORT WORTH, TX 76102	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	VALERO TEXAS OPEN PO BOX 696000 SAN ANTONIO, TX 78269	\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	HIGGINBOTHAM & ASSOCIATES 500 WEST 13TH STREET FORT WORTH, TX 76102	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	LARRY ANFIN 7020 CASTLE CREEK COURT FORT WORTH, TX 76132	\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

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

Name of organization THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number 80-0015944

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	AWARD PROPERTY MANAGEMENT 6001 GRANBURY RD. FORT WORTH, TX 76133	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number 80-0015944

art II	Noncash Property	(see instructions).	. Use duplicate co	pies of Part II if :	additional space is needed.

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

Name of or	rganization THE NATIONAL LEADERSHI	P FOUNDATION		Employer identification number					
Dort III	Frebreitsbruckinians aboutable ata		·:	80-0015944					
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one cor ions completing Part III, ente e year. (Enter this information	ntributor. Co er the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
- r urt r									
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transieree's fiame, address, at	IU ZIF + 4	Relations	mp of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
<u> </u>									
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee					

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 Employer identification number THE NATIONAL LEADERSHIP FOUNDATION 80-0015944 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

and section 170(h)(4)(B)(ii)?

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

organization's accounting for conservation easements.

Schedule D (Form 990) 2018

8

355,180.

Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its						
	collection items (check all that apply):						
а	X Public exhibition d X Loan or exchange programs						
b	X Scholarly research e Other						
С	X Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
_	XIII.						
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No						
Pa	rt IV Escrow and Custodial Arrangements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not						
	included on Form 990, Part X? Yes No						
b	If "Yes," explain the arrangement in Part XIII and complete the following table:						
	Amount						
С	Beginning balance						
	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII						
Pa	rt V Endowment Funds.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back						
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	'						
g	End of year balance						
2 a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment %						
b	Permanent endowment %						
С	Temporarily restricted endowment ▶%						
	The percentages on lines 2a, 2b, and 2c should equal 100%.						
3a	Are there endowment funds not in the possession of the organization that are held and administered for the						
	organization by: Yes No						
	(i) unrelated organizations						
_	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						
4	Describe in Part XIII the intended uses of the organization's endowment funds.						
Pa	Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other) depreciation						
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	II. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2018

Schedule D (F	Form 990) 2018 Pa	age 3
Part VII	Investments - Other Securities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	

Part VII	Investments - Other Securities. Complete if the organization answered "	Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1) Financi	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered "	Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on:
(1)			Cost of end-of-year marke	et value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	V 000	Dart IV 15 44-1 O F 000	Dant V. Bas 45
	Complete if the organization answered "), Part IV, line 11d. See Form 990,	
(4) III CE	(a) Desc ORICAL ARTIFACTS	cription		(b) Book value
	ORICAL ARITFACIS			355,180
(2)				
(3) (4)				
(5) (6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lin	e 15.).		355,180
Part X	Other Liabilities. Complete if the organization answered "line 25.			
1.	(a) Description of liability	(b) Book valu	ie	
	ral income taxes			
	CTABLE CONTRIBUTIONS	3,	095.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4) 45		0.05	
i otal. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	→ 3,	095.	

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

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

Schedul	e D (Form 990) 2018		Page 4
Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art \/ li	ing 1: Part X ling
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	III, LINE 4:		
THE (ORGANIZATION MAINTAINS A COLLECTION OF HISTORIC ARTIFACTS RELATED TO		
	01.01.11.11.11.11.11.11.11.11.11.11.11.1		
HIST	ORICALLY SIGNIFICANT LEADERS. THE ARTIFACTS ARE USED IN EDUCATION		
PROG	RAMS AND EDUCATIONAL EXHIBITS TO PROMOTE THE STUDY OF LEADERSHIP AND		
THE I	DEVELOPMENT OF FUTURE LEADERS.		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name	of the organization					Employer identification	on number
THE	NATIONAL LEADERSHIP FOUND					80-0015944	
Part					l "Yes" on Form	990, Part IV, Iine	17.
	Form 990-EZ filers are not						
1	Indicate whether the organization rais	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written o or key employees listed in Form 990 If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		55 (v)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3	List all states in which the organizar registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Page 2

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

		events with gross receipts gre	ater than \$5,000.			
			(a) Event #1 CATALOGUE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	39,620.			39,620
ш		Less: Contributions				
	3	Gross income (line 1 minus line 2)	39,620.			39,620
		2)	33,020.			33,020
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colur	mn (d)		39,620
Pa	rt l	Gaming. Complete if the org	anization answered "\			
		\$15,000 on Form 990-EZ, lin	ie 6a.		Т	1
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colur	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaming				Yes No
k	•	If "Yes," explain:				

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

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

► Attach to Form 990.

★ Output Description (Figure 2004)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number		
THE NATIONAL LEADERSHIP FOUNDATION							80-0015944		
Part I General Information on Grants ar	nd Assistance)							
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistancedures for mon	e?	of grant funds in the	e United States.			X Yes No		
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient					additional space is n		es" on Form 990,		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) AIRPOWER FOUNDATION									
PO BOX 8728 FORT WORTH, TX 76124	75-2828493		12,146.				TO PROVIDE EDUCATION		
(2) CATHOLIC CHARITIES									
249 W. THORNHILL DR. FORT WORTH, TX 76115	75-0808769		8,210.				TO PROVIDE EDUCATION		
(3) GILL CHILDREN'S									
1020 SUMMIT AVE. FORT WORTH, TX 76102	75-1642083		7,345.				TO PROVIDE EDUCATION		
(4) MEALS ON WHEELS									
320 SOUTH FREEWAY FORT WORTH, TX 76104	75-1568798		15,889.				TO PROVIDE EDUCATION		
(5) THE PARENTING CENTER									
2928 W. 5TH STREET FORT WORTH, TX 76107	23-7454254		10,036.				TO PROVIDE EDUCATION		
(6) UNION GOSPEL MISSION									
PO BOX 2144 FORT WORTH, TX 76113	75-6054677		6,768.				TO PROVIDE EDUCATION		
(7) FIRST TEE FORT WORTH									
1900 ROCKWOOD PARK DR. N.	20-5545252		8,130.				TO PROVIDE EDUCATION		
(8) HELPING RESTORE ABILITY									
4300 BELTWAY PL #130 ARLINGTON, TX 76018	75-1562334		10,087.				TO PROVIDE EDUCATION		
(9) LINKED									
101 SUMMIT AVENUE STE 612	75-2905243		7,251.				TO PROVIDE EDUCATION		
(10) WOMANS CENTER									
1723 HEMPHILL FORT WORTH, TX 76110	75-1501868		5,237.				TO PROVIDE EDUCATION		
(11)									
(12)									
2 Enter total number of section 501(c)(3) and	•	•					10.		
3 Enter total number of other organizations list	sted in the line	1 table				<u> </u>			

JSA 9E1299 1 000

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
_ 7					

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

PART II, LINE 1, COLUMN(H)

DESCRIPTION FOR COLUMN (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE

EDUCATIONAL OPPORTUNITIES, LEARNING ACTIVITES AND COMMUNITY SUPPORT

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE NATIONAL LEADERSHIP FOUNDATION

80-0015944

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIALS AND OTHER DATA ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMEBERS ARE REQUIRED TO INFORM OF ANY CONFLICTS OF INTEREST.

FORM 990 PART VI, SECTION B, LINE 11:

A COPY OF THE 990 IS AVAILABLE FOR REVIEW AFTER THE RETURN IS APPROVED.

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 1
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) (D) MANAGEMENT FUNDRAISING AND GENERAL EXPENSES
OTHER MISC EXPENSES	12,555.	12,555.	
CONTRACT LABOR	39,036.	39,036.	
TOTALS	51,591.	51,591.	