	"QQ	Á
-orm	99	JU.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A	nal Revenue Service	<u> </u>	► Go to www irs gov/Form99	0 for instructions and the late	st information	Inspection
• •	For the 2017 ca	alendar year, or tax y	year beginning 07/01/17	, and ending 06/30	/18	
		C Name of organization				ployer identification number
	Check if applicable	a.no or organization		_	5 - 1111	
'	Vildiner - Parido		Alaska Literacy Pr	ogram, Inc.		
	Namo chango	Doing business as			23	-7451172
'	Name change	,	O box if mail is not delivered to street address)		Room/suite E Tele	phone number
_	Inibal return	1345 Rudako	of Circle, Suite 104		<u> </u>	<u>7-337-1981 </u>
آ _ا	Final return/	City or lown, state or prov	rince, country, and ZIP or foreign postal code			·
1	terminated	Anchorage	AK 99508	1		ss receipts \$ 501,
7,	Amended return	F Name and address of pan			u Gros	os receipio a SOI,
\exists	1	•	•		H(a) Is this a group return	for subordinates? Yes
'	Application pending	Linda Ger	win		1 (,	<u> </u>
				•	H(b) Are all subordinates	included? Yes
	ĺ				If "No," attach a	ı İlst (see instructions)
		X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or 527	7	
	Tax-exempt status			4947(a)(1) or 527	/	
<u> </u>	Website 🕨 a		acyprogram.org	<u> </u>	H(c) Group exemption nu	umber 🚩
K .	Form of organization	X Corporation 1	Trust Association Other	\	Year of formation 1974	M State of legal domicite
P	art I Su	mmary		1		
			's mission or most significant activit	ıad		
		~	-			
g	Lite	acy educatio	n and tutor training			
≧!						
٤						
Activities & Governance		, <u>, , , , , , , , , , , , , , , , , , </u>			:0/ _{!!!!-	
8	2 Check this	harant -	anization discontinued its operation	s or disposed of more than 25	1	1.0
∞	3 Number of	ivoling members of th	ne governing body (Part VI, line 1a)	^		3 8
χ l	4 Number of	í independent votina n	nembers of the governing body (Pa	rt VI, line 1b)		4 8
į١			loyed in calendar year 2017 (Part V	/ \	<u> </u>	5 10
;		<u>.</u>		/.^\		6 0
ĕ		ber of volunteers (esti	• •		. –	
	7a Folal unre	ated business revenu	ie from Part VIII, column (C), line 12	14/ 1. 46/		7a
	b Net unrela	led business taxable i	ncome from Form 990-T, line 34	1 MAN	7	7b
\neg				OGOF 15 2015	Prior Year	Current Year
	8 Contribute	ons and grants (Part V	(III. line 1h)	100	845,55	55 412,5
<u> </u>				(0) (0)	$\frac{1}{100}$ $\frac{1}{35,72}$	
ē	_	ervice revenue (Part \		KAN "	1,45	
Revenue	10 Investmen	i income (Part VIII, co	lumn (A), lines 3, 4, and 7d)	X/ >	1,45	
<u>-</u>	11 Other reve	nue (Part VIII, column	n (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)	<i>∫</i> ⊗/ 6,8€	
-	12 Total rever	nue – add lines 8 throi	ugh 11 (must equal Part VIII, colum	n (A), line 12)	389,59	501,1
			I (Part IX, column (A), lines 1-3)		X	
- }		•	• • • • • • • • • • • • • • • • • • • •		/	
- 1	•		(Part IX, column (A), line 4)		000 01	214 0
8	15 Salaries, o	ther compensation, er	mployee benefits (Part IX, column (4), lines 5–10)	286,21	12 314,9
ا <u>ي</u>	16a Profession	al fundraising fees (Pa	art IX, column (A), line 11e)			
Expenses			t IX, column (D), line 25) ▶	5,671	7.7"	4
돐			• • • •	-,	125,10	128,5
_			n (A), lines 11a-11d, 11f-24e)			
	18 Total expe	nses Add lines 13–17	' (must equal Part IX, column (A), iii	ne 25)	411,31	
	19 Revenue le	ess expenses. Subtrac	ct line 18 from line 12		-21,71	
					Beginning of Current Yea	
5 8 6					472,73	38 527,9
ances	20 Total asset	ts (Part X, line 16)				
Balances			•			6.9 6.9
und Balances	21 Total habili	ties (Part X, line 26)	htract line 21 from line 20		9,35	
킨	21 Total liabili 22 Net assets	ties (Part X, line 26) or fund balances Sut	btract line 21 from line 20			
	21 Total liabili 22 Net assets	ties (Part X, line 26)	btract line 21 from line 20		9,35	
Pe	21 Total liabili 22 Net assets art II Sig	ties (Part X, line 26) or fund balances Sut nature Block	btract line 21 from line 20	mpanying schedules and staten	9,35 463,37	79 520,9
Pe Und	21 Total liabili 22 Net assets art II Sig der penallies of pe	ties (Part X, line 26) or fund balances Subnature Block erjury, I declare that I hav			9,35 463,37 nents, and to the best of my	79 520,9
Pe Und	21 Total liabili 22 Net assets art II Sig der penallies of pe	ties (Part X, line 26) or fund balances Subnature Block erjury, I declare that I hav	ve examined this return, including acco		9,35 463,37 nents, and to the best of my	79 520,9
Pe Und	21 Total liabili 22 Net assets art II Sig der penallies of pe	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pri	ve examined this return, including acco		9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is
Pa Und true	21 Total habili 22 Net assets 21 Sig der penalties of pea, correct, and con	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor	ve examined this return, including acco eparer (other than officer) is based on		9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is
Pa Und true	21 Total habili 22 Net assets 21 Sig der penalties of pea, correct, and con	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor	ve examined this return, including acco		9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is
Pa Und true	21 Total habili 22 Net assets Art II Sig e. correct, and con Sig e	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor	ve examined this return, including acco eparer (other than officer) is based on		9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is
Pa Und true	21 Total Itabili 22 Net assets art II Sig der penalties of pe e, correct, and con n e Type	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officer James C Anda	ve examined this return, including acco eparer (other than officer) is based on	Jan C Onder	9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is bate $9 - 19$
Pa Und true	21 Total Itabili 22 Net assets art Ji Sig der penallies of pe e, correct, and con Pant/Type p	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I have nplete Declaration of pre- nature of officer Johnes C And a se or print name and title preparer's name	ve examined this return, including accomparer (other than officer) is based on error. Director	Jan C Onder	9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is Date 9 - 19
Und true Sign Here	21 Total habili 22 Net assets art II Sig der penallies of pe a, correct, and con Sig Print/Type p Douglas	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor James C And a preparer's name E Hanson	ve examined this return, including accompanies (other than officer) is based on error. Director	Jun C Onder	9,35 463,37 hents, and to the best of my has any knowledge Date 05/07/19 sel	knowledge and belief, it is pale 9 - 19 neck X if PTIN 16-employed P00849705
Und true	21 Total Itabili 22 Net assets art II Sig der penallies of pe e, correct, and con Pont/Type p Douglas Firm's name	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor Johnes C And a reparer's name E Hanson Dougs Dougs	ve examined this return, including accompanies (other than officer) is based on error. Director Proparer signate than son, CP.	Jan C Onder	9,35 463,37 nents, and to the best of my has any knowledge	knowledge and belief, it is pale 9 - 19 neck X if PTIN 16-employed P00849705
Und true	21 Total Itabili 22 Net assets Att II Sig der penallies of pe e, correct, and con Print/Type p Douglas	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor Johnes C And a reparer's name E Hanson Dougs Dougs	ve examined this return, including accompanies (other than officer) is based on error. Director	Jan C Onder	9,35 463,37 hents, and to the best of my has any knowledge Date 05/07/19 sel	520,9 520,9
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Und true de le le de br>de le de br>de le de le de le de le de le de de le de de le de de le de de le de le de le de le de	21 Total Itabili 22 Net assets It II Sig der penallies of pe e. correct, and con PenulType p Douglas arer Only Firm's name	ties (Part X, line 26) or fund balances Sut nature Block erjury. I declare that I hav nplete Declaration of pro- nature of officor Original C And a se or print name and title preparer's name E Hanson Doug1 3400 Ancho	Propager signate Las E. Hanson, CP. Spenard Road, Sucrage, AK 99503	Jan C Onder	9,35 463,37 hents, and to the best of my has any knowledge Date 05/07/19 sel	
Under true	21 Total Itabili 22 Net assets art II Sig der penallies of pe e, correct, and con Pe Print/Type p Douglas Firm's name Only Firm's addre the IRS discuss	ties (Part X, line 26) or fund balances Sut nature Block erjury, I declare that I hav nplete Declaration of pro- nature of officor Angle C Andle or print name and title preparer's name E Hanson B Doug 3400 Ancho this return with the pre	Proparer's signature E. Hanson, CP. Spenard Road, Su	Jan C Onder	9,35 463,37 nents, and to the best of my has any knowledge Date Ch 05/07/19 set	

Form 990 (2017)	<u> Alaska Literac</u>	y Program, Inc. 2	3-7451172	Page 2
		Service Accomplishments		
		tains a response or note to any line in th	nis Part III	
	ribe the organization's mission	d tutor training		
HICELAC	y education and	i cutor craiming		
2 Did the orga	nızatıon undertake any signific	ant program services during the year which were r	not listed on the	
•	90 or 990-EZ?			Yes X No
	cribe these new services on S			
3 Did the organ	nization cease conducting, or	make significant changes in how it conducts, any p	program	
services?				Yes X No
	cribe these changes on Scheo			
		ce accomplishments for each of its three largest pro		
		organizations are required to report the amount of	grants and allocations to others,	
the total expe	enses, and revenue, it any, to	r each program service reported		
4a (Code) (Expenses \$	400,413 including grants of \$) (Revenue \$	38,704)
		tudor training	, (notonico 4	,,
	,			
`				
				
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
•				
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
(4000	, (2po555 · •		, (,
	•			
_	n services (Describe in Sched	·		
(Expenses \$		including grants of \$) (Revenue \$	
4e Total program	service expenses >	400,413		

Part IV	Checklist	of Required	Schedules	

- is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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
- 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
- 11 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
 - 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
 - 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
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

1 X 2 X 3 X 4 X X 4 X X 5 X X 8 X X 8 X X 11a X 11b X 11c X 11d X 11c X 11d X 11e X 11d X 11e X 11d X 11e X 11f X 11a X 11b X 11c X 11c X 11d X 11e X 11f X 11d X 11e X 11f X 11e X 11f X 11e X			Yes	No
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5 X 6 X 7 X 8 X 9 X 10 X 11a X 11b X 11c X 11c X 11d X 11e X 11f X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X		3_	-	X
6 X 7 X 8 X 9 X 10 X 11a X 11b X 11c X 11d X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X		4		x
6 X 7 X 8 X 9 X 10 X 11a X 11b X 11c X 11d X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X				
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8 X 9 X 10 X 11a X 11b X 11c X 11d X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X		6		x
9 X 10 X 11a X 11b X 11c X 11d X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X 19 X		7		<u>x</u> _
110 X 11a X 11b X 11c X 11c X 11d X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X 19 X		8		x _
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11b X 11c X 11c X 11d X 11e X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X		10	_ x	
11b X 11c X 11c X 11d X 11e X 11e X 11e X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X				
11c X 11d X 11e X 11e X 11f X 12a X 12b X 13 X 14a X 15 X 16 X 17 X 18 X 19 X		11a	_x	^
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11e X 11f X 12a X 12b X 13 X 14a X 15 X 16 X 17 X 18 X 19 X		11c		x
11f X 12a X 12b X 13 X 14a X 15 X 16 X 17 X 18 X 19 X				
12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X		11e		<u>X</u>
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13 X 14a X 14b X 15 X 16 X 17 X 18 X		12a	х	
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15 X 16 X 17 X 18 X		14a		<u> </u>
16 X 17 X 18 X		14b		<u>x</u>
17 X 18 X		15	_	<u>x</u>
18 X		16		<u>x</u>
19 X		17		<u>x</u> _
		18		x
Form 990 (2017)		19		
		Foп	ո 990	(2017)

Form 990 (2017) Alaska Literacy Program, Inc. 23-7451172
Part IV Checklist of Required Schedules (continued)

	att 19 One of the during Octionales (Continued)		T	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
		20b	\vdash	*
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	+-	\vdash
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	┼	<u>^</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		- 22	 	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
242	employees? If "Yes," complete Schedule J	23	├	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a	 	-
þ	,,,,,,,,,,	24b	 	├ ┈-
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c	├-	┼
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 - -	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		x
	If "Yes," complete Schedule L, Part I	25b	├	^
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			x
٠-	disqualified persons? If "Yes," complete Schedule L, Part II	26	 	^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ŀ		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
_	Schedule L, Part IV	200		1
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	ļ	x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	 	X
		25	 	-
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	}	x
	conservation contributions? If "Yes," complete Schedule M	30	 	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
	Part I	31	 	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33_		
		34		x
	or IV, and Part V, line 1	35a		$\frac{1}{x}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
		35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
		36		x
	related organization? If "Yes," complete Schedule R, Part V, line 2	1		
	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,			
	and that is treated as a partnership for lederal income tax purposes? If Yes, complete schedule K, Part VI	37		X
	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	19. Hotel Air Form 990 filers are required to complete ochedule O	1 00		

μ,	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Bort V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	1,00
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	ĺ
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 10			Ė
b		2b	X	ĵ.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	·	x
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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			É
	(FBAR)			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).		1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ı	
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year		. 1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_ <u>.</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ŧ	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
0	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	 	1	
1	Section 501(c)(12) organizations. Enter		1	
a	Gross income from members or shareholders Cross income from other coverage (No not not one unit of the coverage)		I	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		ŧ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŧ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	7	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	[1	
	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	134		
	Enter the amount of reserves the organization is required to maintain by the states in which	<u> </u>	ŧ	
	the organization is licensed to issue qualified health plans		I	
	Enter the amount of reserves on hand	—	1	
	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	\dashv	
NA.		Form	990	(2017)

Form 990 (2017) Alaska Literacy Program, Inc. 23-7451172 Page 6 Part VI 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 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ AΚ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(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 Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 1345 Rudakof Circle, Ste 1 Alaska Literacy Program, Inc. AK 99508 907-337-1981 Anchorage

DAA

Form 990 (20	17) Alaska Literacy Program,	Inc. 23	-7451172	Page 7
Part Vil	Compensation of Officers, Directors, Tru	ustees, Key Employee:	s, Highest Compensate	ed Employees, and
	Independent Contractors Check if Schedule O contains a response of	\ or note to any line in this	s Part VII	П
Section A	Officers Directors Trustees Key Employees and			

- 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

(A) Name and Title	Name and Title Average hours per (do not week box, un (list any officer		x, unit	Pos check ess pe nd a c	rson i Iirecto	than one s both an r/trustee)	(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)		(W-2/1099-MISC)	organization and related organizations	
(1) Natasha Pope		 		-							
_	2.00										
President	0.00	X		X	i			0	0		
(2) Ashley Brinkman								- 1			
•	2.00			ŀ					_	_	
VP	0.00	X		X	<u></u>	<u> </u>		이	0	C	
(3) Mary Gibbs											
	2.00						-			_	
Secretary	0.00	X		X				0	0	C	
(4)Linda Gerwin											
	2.00										
Treasurer	0.00	X		X	_			0	0		
(5) Amy Coffman											
	1.00								o	C	
Director	0.00_	Х			-			0			
(6) Anne Newell	1.00										
	0.00	x						0	o	C	
Director (7) Jim Anderson	0.00	 ^			┝			┵			
(/) JIM Anderson	1.00										
Director	0.00	x						0	o	C	
(8) Toyoko Hawkins	0.00						-	1			
(b) TOYOKO MAWAINS	1.00									`	
Director	0.00	X						0	0	C	
(9)											
(6)											
(10)											
(11)		-						+			

Form 990 (2017)

Part VII S	ection A. Officers	Directors True	stee	s. K	ev Fi	mple	γρος	s, an	d Highest Compensated I	Employees (continued)			
. (/	Ay and title	(B) Average hours per week (list any hours for	(c	io not ox, uni	Pos check ess pa	C) sition more	than o	ne an	(D) (E) Reportable Reportable compensation from related the organizations organization (W-2/1099-MISC)			(F) mated ount of ther ensation in the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2 1035-11130)	orga: and	nization related izations	
			_					-					
	·-·-												
	`												
d Total (add lir ! Total number		uding but not lim	nited t		ose li	sted		/e) w	ho received more than \$10	0,000 of			
Did the organ	mpensation from the state of th	mer officer, direc	ctor, c					loye	e, or highest compensated		3	Yes	No X
organization a individual	and related organiz	ations greater th	an \$	150,0	000?	If "Y	es,"	com	nd other compensation from plete Schedule J for such prelated organization or indi-		4		x
ction B. Indeper	endered to the organization of the contractors table for your five	s highest compen	sated	d indi	epen	dent	cont	racto	ors that received more than	\$100,000 of	5		X
compensation		(A) usiness address	npens	satio	n for	the o	calen	dar y	rear ending with or within the	e organization's tax year (B) - in of services	C	(C) ompensa	ition
					_								
Total number	of independent co	ntractors (includi						se lis	sted above) who	0		·,,,	

,	, , , , , , , , , , , , , , , , , , ,			or note to any line		I (C)		<u>_</u>
. .		,	<u> </u>	Total revenue	(B) Related or exempt function revenue	(C) Unrelated businoss revonue	excluder s	D) enue d from tax sections -514
	Federated campaigns	1a		, "", "				
<u> </u>	Membership dues	1b				,	[
₹ ~ (Fundraising events -	1c				· ,		:
	Related organizations	1d		,		, ,	1 .	
[] •	Government grants (contributions)	1e	198,738			•		,
الم	All other contributions, gifts, grants, and similar amounts not included above				` `	`	<u>.</u>	
5		1f	213,809		ŕ	,	1	
9	Noncash contributions included in lines 1a 1	ır \$,		
	Total. Add lines 1a-1f			412,547		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,
2a b c c c c c c c c c c c c c c c c c c			Busn. Code	00	,			
2a	<u>=</u>		611710	27,779	27,779		 	
"	Book sales		611710	10,925	10,925		 	
٥								
0							 	
e							 	
1	All other program service reven	ue	<u> </u>				<u> </u>	
1 .2	Total. Add lines 2a-2f			38,704				
3	Investment income (including di	vidends, inte	. 1				1	
١.	and other similar amounts)			5,095	5,095		 	
4	Income from investment of tax-e	exempt bond	·				 	
5	Royalties		>				 	
_	(i) Real		(ii) Personal					
6a				· , 、	,	7		,
b	, rental exps			,		,	,	
C	Rental inc or (loss)			,	,		1	`
d 7a	72 Cross amount from		<u> </u>				ļ	
'-	sales of assets (i) Securities		(ii) Other	, *			,	•
	other than inventory					·		·
þ	Less cost or other				`	,	ŀ	
	basis & sales exps			ţ	, 1	s /		
!	Gain or (loss)			1				
	Net gain or (loss)		> _					
8a	Gross income from fundraising event	s	i			3 ,	· ·	
	(not including \$						1	
	of contributions reported on line 1c)		İ		, ,			
	See Part IV, line 18	a		1			ļ.	
	Less direct expenses	b						
	Net income or (loss) from fundra	ilsing <u>events</u>	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9a	Gross income from gaming activities			}	` ′		' '	
}	See Part IV, line 19	a	39,067				'	
	Less direct expenses	b			Í		i	
ı	Net income or (loss) from gamin	g activities	<u>P</u> _	39,067		,	 	39,06
10a	Gross sales of inventory, less			}	.		1	
	returns and allowances	a		, !	,			
l .	Less: cost of goods sold	ь <u></u>			`		ŧ	
С	Not income or (loss) from sales	or inventory	<u> </u>					
	Miscellaneous Revenue		Busn Code			•	ł	
11a	Other			5,836	5,836			
b	Unrealized loss			-124	-124			
C			ļ					
d	All other revenue		L					
	Total. Add lines 11a-11d		▶ 1	5,712				

Do	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1	
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign			1	,
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		276 212		
7	Other salaries and wages	282,570	276,918	5,652	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22 244	27 003	E 0F1	
10	Payroll taxes	32,344	27,093	5,251	
11	Fees for services (non-employees).				
a	ĭ h				_
b	· *				
	Accounting				
	Lobbying Professional fundraising services See Part IV, line 17				
f					
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	5,187	4,270	917	
14	Information technology				
15	Royalties				
16	Occupancy	41,816	34,294	7,522	•
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				•
20	Interest				
21	Payments to affiliates		<u>.</u>		·
22	Depreciation, depletion, and amortization	12,192	10,025	2,167	
23	Insurance	4,875	3,900	` 975	
24	Other expenses Itemize expenses not covered			<u> </u>	
	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)		04 504		
а	Program supplies	27,975	24,731	3,244	
þ	Contract services	19,524	13,477	6,047	
C	Other	11,332	5,685	5,647	E C74
d	Other Expenses	5,671	20		5,671
e	All other expenses	20	20 400,413	27 422	E 671
6	Total functional expenses Add lines 1 through 24e	443,506	400,413	37,422	5,671
:6	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)				•

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 39,861 149,926 Cash-non-interest bearing -231,952 156,695 2 2 Savings and temporary cash investments 5,512 41,541 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 19,554 11,051 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 779,774 10a other basis. Complete Part VI of Schedule D. 611,042 175,859 10b 168,732 b Less accumulated depreciation 10c 11 Investments-publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 472,738 527,945 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,359 6.947 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 9,359 6,947 26 Total liabilities Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 448,532 489,382 27 27 Unrestricted net assets 14,847 31,616 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 520,998 463,379 33 33 Total net assets or fund balances 527,945 Total liabilities and net assets/fund balances 472,738

Form 990 (2017)

Forn	n 990 (2017) Alaska Literacy Program, Inc. 23-7451172			Pa	age 12
P	art XI Reconciliation of Net Assets				<u> </u>
	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	5	01,	125
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	43,	506
3	Revenue less expenses Subtract line 2 from line 1	3		57,	619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	63,	379
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10	5:	20,	998
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schodule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				i
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			·	
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\neg \uparrow$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	990	(2017)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Alaska Literacy Program, Inc.

Employer Identification number 23-7451172

****		******										
Pa	rt 1	Reas	son for Public Charity	Status (All organizations	must co	omplete	this part) See instruction	าร				
The o	rga	nization is not	a private foundation because	e it is (For lines 1 through 12, chi	eck only o	ne box)						
1	Ц	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school des	abed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3	Ш	A hospital or	a cooperative hospital service	ce organization described in sect	ion 170(t)(1)(A)(ii	i).		(
4		A medical re	search organization operated	d in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	oital's name,				
		city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II)										
6	Ц	A federal, sta	ate, or local government or go	overnmental unit described in sec	ction 170	(b)(1)(A)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8				70(b)(1)(A)(vi). (Complete Part II	1)							
9		An agricultur	al research organization desc	cribed in section 170(b)(1)(A)(ix) operate	d in conju	nction with a land-grant college					
		or university university	or a non-land grant college o	f agriculture (see instructions) Ei	nter the n	ame, city,	and state of the college or					
10	J	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11]	\neg		•	xclusively to test for public safety		•	(a)(4).					
12		-	- ·	xclusively for the benefit of, to pe								
		of one or moi	re publicly supported organiza	ations described in section 509(a	a)(1) or s	ection 50	9(a)(2). See section 509(a)(3).					
		Check the bo	x in lines 12a through 12d th	at describes the type of supportin	ig organiz	ation and	complete lines 12e, 12f, and 12	₿g				
;	a			rated, supervised, or controlled b	-	-						
			• • • • •	er to regularly appoint or elect a		f the direc	ctors or trustees of the					
	_	<u> </u>	- ·	omplete Part IV, Sections A and								
	b (pervised or controlled in connection			- · · · · · · · · · · ·					
			nanagement of the support	ing organization vested in the sar	ne persor	is mai co	ntroi or manage the supported					
(= {	Type III f	unctionally integrated. A si	upporting organization operated in ructions) You must complete P								
	j [•	. A supporting organization opera				.				
	- L	that is no	t functionally integrated. The	organization generally must satis	fy a distri	bution red	uirement and an attentiveness	,				
•	• [ived a written determination from functionally integrated supporting			Type I, Type II, Type III					
f	:	Enter the num	nber of supported organizatio	ns								
9	3	Provide the fo	ollowing information about the	supported organization(s)								
(ı) N		ne of supported (ii) EIN rganization		(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing	(v) Amount of monetary support (see	(vi) Amou	ort (see			
				anove (see matructions))	Yes	ment?	instructions)	instructio	, ,			
(A)					103							
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stal												

Schedule A (Form 990 or 990-EZ) 2017 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.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	690,688	376,306	344,578	345,555	791,604	2,548,731			
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	690,688	376,306	344,578	345,555	791,604	2,548,731			
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						2,548,731			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	690,688	376,306	344,578	345,555	791,604	2,548,731			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,185	1,896	1,854	1,459	5,095	11,489			
9	Net income from unrelated business activities, whether or not the business is regularly carned on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	47,212	41,134	32,078	6,861	44,779	172,064			
11	Total support. Add lines 7 through 10	<u> </u>			<u></u> l		2,732,284			
12	Gross receipts from related activities, etc. (•				12	49,511			
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	i, or fifth tax year as	s a section 501(c)(3	3)	_			
	organization, check this box and stop here			·		·	>			
Sec	tion C. Computation of Public Su	pport Percenta	ige							
14	Public support percentage for 2017 (line 6,		-))		14	93.28%			
15	Public support percentage from 2016 Scheo					15	97 64%			
16a	33 1/3% support test—2017. If the organiz				/3% or more, checl	k this	► ਵ ਰ			
_	box and stop here. The organization qualifi						► X			
b	33 1/3% support test—2016. If the organiz				33 1/3% or more,	check	. —			
	this box and stop here. The organization qu				401 11 44					
17a	10%-facts-and-circumstances test—201	•								
	10% or more, and if the organization meets									
	Part VI how the organization meets the "fact organization						▶ □			
b	•									
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part VI how the organization mee	ts the "facts-and-cire	cumstances" test	i ne organization qu	alifies as a publicly	1				
	supported organization		40 40- 40- 4	70 00476 -6	h.a. b.a.,		▶ []			
18	Private foundation. If the organization did instructions	not check a box on !	ine 13, 168, 160, 1	/a, or 1/b, cneck t	riis dox and see		▶ 🗌			

Schedule A (Form 990 or 990-EZ) 2017

Alaska Literacy Program, Inc.

23-7451172

Page 8

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)

Part II, Line 10 - Other Income Detail

Other income

172,064

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

Open to Public Inspection

Employer Identification number Name of the organization 23-7451172 Alaska Literacy Program, Inc. Part I 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 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 public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items \$ a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedu		Literacy Pro			451172	Page
collection femic (check at that apply) a	Part	III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	
b Scholarly research c Therewithout for future generations c Preservation for future generations c Preservation for future generations c Preservation for future generations collections and explain how they further the draganization's exempt purpose in Part XIII 5 During the year, did the organization solicid or receive donations of art, instoncal treasures, or other similar c Ves No Part IV Escrive and Custodial Arrangements. C C C C C 14 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Line 21. 15 It first, explain the arrangement in Part XIII and complete the following table C C C C 16 Beginning balance C C C C C 26 Did the organization analysement on Part XIII and complete the following table C C C C 27 Did the organization included an amount on Form 990, Part X, line 21, for escrive or custodial account liability? Ves No D Part V Endowment Funds. C C C C C C 27 Did the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability? Ves No D Part V C C C C C C C C C	_		sion, and other records, o	check any of the follow	ring that are a significar	nt use of its	
Preservation for future generations	a [Public exhibition	d 🔲 l	Loan or exchange prog	grams		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII 5 During the year, dol the organization soled or receive donations of art. histonical treasures, or other similar assets to be sold to rease funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answerted "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, flustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance D Burbhotions during the year D Burbhotions	ьГ	Scholarly research	e 🗍 (Other			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII 5 During the year, dol the organization soled or receive donations of art. histonical treasures, or other similar assets to be sold to rease funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answerted "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, flustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance D Burbhotions during the year D Burbhotions	c	Preservation for future generations	_				
Solution the year, dot the organization solicitor receive donalizations of air, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintened as part of the organization's collection? Part IV Escrow and Custodial Arrangements.	4 P	-	collections and explain he	ow they further the org	anization's exempt pur	pose in Part	
assets to be sold to reach under rather than to be maintained as part of the organization? Part 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 and agent, trustee, custodian or other intermediary for contributions or other assets not unduded on Form 990, Part X? Yes No in the standard or other intermediary for contributions or other assets not unduded on Form 990, Part X In the part of the following table In the part of the organization undude an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes's: Solidan the arrangement in Part XIII Check here if the explanation has been provided on Part XIII In the part of the organization and the part of the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.				. 4. 5 4			
Part 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, outstodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table □ Beginning balance □ Beginning balance □ Distributions during the year □ Distributions during the yea		•					
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, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No Yes □ No Yes □ No Yes □ No If Yes, "explain the arrangement in Part XIII and complete the following table □ Distributions during the year Ida I		<u> </u>		of the organization's o	collection?	· · · · · · · · · · · · · · · · · · ·	Yes N
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Included on Form \$90, Part X		_			·		
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Distributions during the year f Ending balance 2b Interest Part XIII the Interest Part XIII Check here if the explanation has been provided on Part XIII part X Endowment Funds. Formula Form	1a Is	the organization an agent, trustee, custoo	lian or other intermedian	y for contributions or of	ther assets not		
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C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	b If	"Yes," explain the arrangement in Part XII	I and complete the follow	ving table			
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F Ending balance 11	d Ad	dditions during the year				1d	· · · -
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Part Vi	f Er	nding balance				1f	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a Di	d the organization include an amount on F	orm 990, Part X, line 21	, for escrow or custodi	al account liability?		Yes N
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Trive years back (e) Four years b	b If	Yes," explain the arrangement in Part XIII	Check here if the expla	anation has been provi	ded on Part XIII		
1a Beginning of year balance 38,522 25,772 26,085 25,565 22,202	Part	V Endowment Funds.					
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d 3,748 2,800 -263 569 3,713 d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 50 50 50 50 50 50 g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent 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 organizations (ii) related organizations (iii) relate		Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 10		
b Contributions c Net investment earnings, gains, and losses c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 50 50 50 50 50 50 50 50 50 50 50 50 50 5	•		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions c Net investment earnings, gains, and losses 3,748 2,800 -263 569 3,713 d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 50 50 50 50 50 50 50 g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporanily 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 (i) unrelated organizations (iii) related organizations (iv) related	1a Be	ginning of year balance	38,522	25,772	26,085	25,56	22,20
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Sosses 3,748 2,800 -263 569 3,713 d Grants or scholarships	c Ne	et investment earnings, gains, and					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses			3,748	2,800	-263	569	3,71
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c 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 (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI 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 (c) Accumulated deprecation (d) Book value deprecation 1a Land b Buildings 702,102 541,035 161,067 c Leasehold improvements d Equipment e Other otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 1 161,067							<u> </u>
f Administrative expenses f Administrative expenses g End of year balance 42,220 38,522 25,772 26,085 25,865 25,865 27,702 26,085 25,865 25,865 26,865 27,702 26,085 25,865 25,865 27,702 26,085 25,865 25,865 27,702 26,085 25,865 25,865 26,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 25,865 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,702 26,085 27,865 28,865 27,865 28,865 27,865 28,865 27,865 28,865 28,865 27,865 28,86		•					
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Column (d) must equal Form 990, Part X, column (B), line 10c) depreciation							
1a Land b Buildings 702,102 541,035 161,067 c Leasehold improvements d Equipment 0ther 161,067 cotal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶ 161,067		Description of property		I			(a) Book value
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			nual Form 000 Part Y	column (R) line 10c l	<u>-</u>		161 06
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Sch	edule D (Form 990) 2017 Alaska Literacy Program, Inc.	<u>23-745117</u>	2	Page 4
P	art X1 Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	2,514,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 1,639,789		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d -5,671		
е	Add lines 2a through 2d		2e	1,634,118
3	Subtract line 2e from line 1		3	1,634,118 880,182
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	880,182
P	art XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total expenses and losses per audited financial statements		1	2,077,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 1,639,789		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d -5,671	ľ	
е	Add lines 2a through 2d		2e	1,634,118
3	Subtract line 2e from line 1		3	1,634,118 443,506
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	1	
	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	443,506
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	s 1b and 2b, Part V, line 4, Part X	, line	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			
Pá	art XI, Line 2d - Revenue Amounts Included i	n Financials - O	ther	•
	·	•		
Fı	undraising expenses netted against income	\$		-5,671
				·
Ρā	art XII, Line 2d - Expense Amounts Included	in Financials -	Othe	r
	- -			
Fu	undraising expenses netted against income	\$		-5,671
		•		•
	•	· C		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or If the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization	Employer Identificat							
Part 1 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply								
a Mail solicitations		e Solicitation	of non-go	vernment grants				
b Internet and email solu	citations	f Solicitation	of govern	ment grants		~ .		
c Phone solicitations		g 🔲 Special fur	draising e	vents				
d In-person solicitations								
2a Did the organization have a or key employees listed in	Form 990, Part VII) or entity	in connection with pr	ofessional	fundraising services?		Yes No		
b If "Yes," list the 10 highest compensated at least \$5,0	paid individuals or entities (i 00 by the organization	fundraisers) pursuant	to agreem	ents under which the fur	idraiser is to be			
(i) Name and addr or entity (fu	ess of individual	(II) Activity Control (Control		(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)				
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Total				<u></u>				

AA							Schedule G (Forn	n 990 or 990-EZ) 2017	
	Were any of the organization's If "Yes," explain	·	Yes X No						
а	Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain								
	7 Direct expense summary 8 Net gaming income sumn	>	39,067						
	6 Volunteer labor	Yes X No	%	Yes K No	%	Yes X No	, %		
Dire	4 Rent/facility costs5 Other direct expenses								
Direct Expenses	3 Noncash prizes								
ses	2 Cash prizes				,				
Rev	1 Gross revenue						39,067	39,067	

Sche	edule G (Form	990 or 990-EZ)	2017 A	<u>laska</u>	Literacy	Program,	Inc.	23-	745117	2		Page 3
11	Does the org	anization condu	ct gaming activi	ties with no	nmembers?					П	Yes	X No
12	Is the organi	zation a grantor,	beneficiary or ti	ustee of a	trust, or a member	of a partnership or	other entity			_		_
	-	minister charitab	-				•				Yes	X No
13		percentage of ga		nducted in								
а	The organiza		,						13a	ļ		%
b		•							13b			/ %
14		•	of the person w	ho nrenare	s the organization's	s gaming/special e	vents books and		(177)			
17	records	ne and address	of the person w	no prepare	s are organization.	gammy/special c	verno books and					
	1000103											
	Name ▶	Alaska I.	ıteracy P	roaram	Tnc							
	Name >		akof Circ	-					•			
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	Address >	Anchorage	E					AIV 3	7500			
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15a	-	anization nave a	contract with a	tnira party	from whom the org	anization receives	gaming				.,	₹
	revenue?						ē			\Box	Yes	X No
b					y the organization	\$		and the				
		ming revenue re			\$							
С	If "Yes," ente	r name and addr	ess of the third	party		•						
	Name >											
	Address >											
_	_											
6	Gaming man	ager information										
	Name ►											
	0											
	Gaming mana	ager compensati	on ► \$									
	Description	f a a a u a a a a a a a a a a	ad N									
	Description of	f services providi	eu 🕨									
	Director/e	-#	Employee		Independen	t contractor						
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									- 1. 5.11. 550	J. J.		,, = 0 11

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

Alaska Literacy Program, Inc.

Employer identification number 23-7451172

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board members review the federal form 990 prior to its submission to the IRS

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Self declaration by BOD member. Conflicts are discussed whenever they arise, per the conflict of interest policy. Monitoring and enforcement occour at the board meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official ED annual written review placed in ED's file. Compensation guidelines provided by outside party for ED and other major employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, conflict of interest policy & financial statements are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation \$ -5,671 Fundraising expenses netted against income \$ 5,671 Fundraising expenses netted against income