Form (Rev January 2020)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number LITERACY OUTREACH Name Change Doing business as 26-4713475]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1127 SCHOOL STREET 970-625-4270 577364. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GLENWOOD SPRINGS, CO 81601 H(a) Is this a group return Applica-F Name and address of principal officer MARTHA FREDENDALL for subordinates? ... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status. \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► LITERACYOUTREACH.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation 2009 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities TEACHING ESSENTIAL LITERACY SKILLS TO ADULTS; THEREBY ENRICHING THEIR FAMILIES AND COMMUNITIES. Check this box If the organization discontinued its operations or disposed of port that 15% Dits net assets Number of voting members of the governing body (Part VI, IIIIC 1.C.,

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On the state of the governing body (Part VI, III 11 817 MAR 1 5 203CANNED JAN 1 2022 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 176821 Contributions and grants (Part VIII, line 1h) 516541. 864 Program service revenue (Part VIII, line 2g) 830. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 385. <u> 2240.</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24344. 19093. 202414 538704. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 160784. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 146247. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 54579 57839. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 200826. 218623. 1588. 320081. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 28.54 28.554 28.554 20 Total assets (Part X, line 16) 340791. 396530. 283782. 19440. 21 Total liabilities (Part X, line 26) 377090. Net assets or fund balances Subtract line 21 from line 20 ... 57009. Part II | Signature Block (Mader penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is -True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Ō Jash Sadandall -Signature of officer Sign MARTHA FREDENDALL EXECUTIVE DIRECTOR Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name $\mathcal{S}_{\mathsf{Paid}}$ 02/27/20 self-employed P00740307 ROGER D. MAGGARD, CPA Preparer Firm's name MAGGARD & HOOD, Firm's EIN $\searrow 84 - 0717842$ Firm's address > 901 GRAND AVE., SUITE 203 Use Only

> X Yes No Form 990 (2019)

Phone no (970) 945-8588

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

GLENWOOD SPRINGS, CO 81601

	n 990 (2019) LITERACY OUTREACH urt III Statement of Program Service Accomplishments	26-4/134	75 Pa	age 2
Pa				
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
		ENRICHING '	<u> THEIR</u>	•
	FAMILIES AND COMMUNITIES.			
2	Did the organization undertake any significant program services during the year which were not listed on the		_	_
	prior Form 990 or 990-EZ?		Yes X	JNo
	If "Yes," describe these new services on Schedule O			_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	:s?	Yes X	No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by exp	enses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o			
	revenue, if any, for each program service reported	,		
4a	10.6610	evenue \$	285	3.1
	TEACHING ESSENTIAL LITERACY SKILLS TO ADULTS; THEREBY			
	FAMILIES AND COMMUNITIES.	DIVITORITING	111111	<u> </u>
	THE COLUMN TENSOR OF THE PROPERTY OF THE PROPE			
				
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4b	(Code) (Expenses \$ including grants of \$) (Re	venue \$		

			-	
			_	
				
		 _		
4c	(Code) (Expenses \$ including grants of \$) (Ret	venue \$)
			_	
				-
				
		··-		
		 .		
				
4d	Other program services (Describe on Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$	١		
1e	Total program service expenses ► 186619.			
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2002	2 01-20-20	FC	,,,,,, ,,,,, ,,	,2019)

Form 990 (2019) LITERACY OUTREACH
Part IV Checklist of Required Schedules

. 5				
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		- T
_	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	_8_		X
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	0		х
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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	10		
''	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part-X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	x	
h	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	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c_		х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			7,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
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	۔ م		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 202	 	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		ļ
21	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21	}	x
	Compare Constitution of the art and community of and the art and the art and the art and the art		990	

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Form	990 (2019) LITERACY OUTREACH 26-47	13475	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)	-		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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	ľ		-
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	İ		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) 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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	i		
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	2		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	!
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

la	Enter the number reported in Box 3 of Form 1096	Enter -0- if not applicable
	Enter the named reported in Box 6 of 1 oill 1000	criter o ir not applicable

b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ble gaming
	(gambling) winnings to prize winners?		

Form **990** (2019)

	general general general general complete and complete general			
_			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 5	į	**	ĺ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.
3a	,	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		X
h	If "Yes," enter the name of the foreign country	4a		^
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		İ	İ
5a		5a		Х
b		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-A
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
	any contributions that were not tax deductible as charitable contributions?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
	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	Arms Halling and Arms Arms Arms Arms Arms Arms Arms Arms	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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_		
h	, , , , , , , , , , , , , , , , , , , ,	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter		1	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N		j	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_16		X
	If "Yes," complete Form 4720, Schedule O		000	105:-
		Form	990	(2019)

Form 990 (2019) LITERACY OUTREACH 26-4713475 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 11 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 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? The organization's CEO, Executive Director, or top management official 15a Х 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 with a taxable entity during the year? X 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 ▶CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O) Describe on 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 THE CORPORATION - 970-625-4270

Form **990** (2019)

1127 SCHOOL STREET, GLENWOOD SPRINGS, CO

81601

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

(A) Name and title	(B) Average hours per week	age (do not box, uni			rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	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) TARA BAIR	0.50	1	İ						• "	
PRESIDENT		X		Х				0.	0.	0
(2) MARIA CLAIRE JACOBI	0.50							_	_ !	
PE/SECRETARY		X		X		ļ.		0.	0.	0
(3) SANDRA THWING	0.50	ł								
TREASURER	0.50	X		X				0.	0.	0
(4) TED DOLL	0.50	٠,								_
BOARD MEMBER	0.50	X			_			0.	0.	0
(5) MARY HARUTUN	0.50	x								_
BOARD MEMBER	0.50	^	\vdash					0.	0.	0
(6) WILLIAM ROSAS GARCIA BOARD MEMBER	0.30	X						0.	0.	0
(7) LETICIA RUTLEDGE	0.50	122						- 0.	0.	
BOARD MEMBER	0.30	x				:		0.	0.	0
(8) JOEL ASPLUND	0.50									
BOARD MEMBER		X						0.	0.	0
(9) STEVE CARTER	0.50									
BOARD MEMBER		X						0.	0.	0
(10) PENNY MCDILL	0.50									
BOARD MEMBER		X						0.	0.	_ 0
(11) TANYA ALLEN	0.50									-
BOARD MEMBER		Х						0.	0.	0
			,							
		1								
		<u> </u>								
			Щ							
			<u> </u>							
		ł								
			<u> </u>							
]						1		

Form 990 (2019)

Form 990 (2019)

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

\$100,000 of compensation from the organization

Form 990 (2019) LITERACY OUTREACH
Part VIII . Statement of Revenue

			Check if Schedule O	ont	ains a	response	or note to any lin	e in this Part VIII			
								(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues			1b			•		
آ ا			Fundraising events			1c					
ii ii			Related organizations			1d					
S, E			Government grants (contr	ıbut	ions)	1e	24500.				
ē			All other contributions, gifts,								
E E			similar amounts not included			1f	492041.				
ËÖ		a	Noncash contributions included in	ines	1a-1f	1g \$	278709.	1:			
a S		_	Total. Add lines 1a-1f				•	516541.			1
							Business Code				
ا بو	2	а	PROGRAM FEES				900099	830.	830.		
اه ځ		b									
Program Service Revenue		С									
eve		d									
ğœ		е									
4		f	All other program service	reve	enue						
		9.	Total. Add lines 2a-2f				<u> </u>	830.			
	3		Investment income (include	lıng	divide	ends, intere	est, and				
ļ			other similar amounts)				>	217.			217.
	4		Income from investment of tax-exempt bond				proceeds				
	5		Royalties	_	1		<u> </u>				
					<u> </u>	(ı) Real	(II) Personal				
	6	_	Gross rents	6a			ļ -				,
			Less rental expenses	6b	1	_					
			Rental income or (loss)	6с	ļ	_					
i		_	Net rental income or (loss)		1 () ((v) Oth				
	7	а	Gross amount from sales of	_		Securities	(II) Other				
			assets other than inventory	7a	-	<u> 24403.</u>					
a		b	Less cost or other basis and sales expenses	7	.	22380.					
nua		_	Gain or (loss)	7b 7c		2023.					
ě		_	Net gain or (loss)	70	٠	2025.	•	2023.	2023.		
ther Revenue			Gross income from fundraising	na ev	rents f	not _		2025.	2025.		
盲	0	a	including \$	ıg cı	· circs (of					
			contributions reported on	line	1c) 5	-					
i			Part IV, line 18		10, 0	8a	35374.				
ŀ		b	Less direct expenses			8b					
			Net income or (loss) from	func	draisin		>	19094.			19094.
	9		Gross income from gamin								
	_	_	Part IV, line 19	•		9a					
ŀ		b	Less direct expenses			9b					
Ì		c	Net income or (loss) from	gam	ning a	ctivities	•				
Ì			Gross sales of inventory, I		_						
			and allowances			10a	3				
-		b	Less cost of goods sold			10t	ol				
		c	Net income or (loss) from	sale	s of ir	ventory	•				
<u>س</u> آ							Business Code				
	11	а	INVESTMENT FE	ES	3		900099	-1.			
la j		b							ļ <u>-</u> -		
Miscellaneous Revenue		С					ļ	<u> </u>		ļ	
Ξ̈́		_	All other revenue						<u> </u>		
		<u>e</u> _	Total. Add lines 11a-11d					-1.	2052		10210
	12	_	Total revenue See instructio	ns			<u> </u>	<u>538704.</u>	2853.	0.	19310. Form 990 (2019)
932009	y U1.	-20	-40					•			· O(1) - O (2019)

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 response or note to any line in this Part IX (A) Total expenses (D) Fundraising (C) Do not include amounts reported on lines 6b. Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 73093. 58650. 8490. 5953. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 45726 45224 7 Other salaries and wages 154 348. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31944 27966. 2298. 1680. Other employee benefits 10021. 8748. 737. 536. 10 Payroll taxes Fees for services (nonemployees) a Management b Legal 4062. 4062. C Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, 2080. 2080. column (A) amount, list line 11g expenses on Sch O.) 421 421 12 Advertising and promotion 9430. 8981. 260 13 Office expenses 189. 4780. 4386 286. 108. Information technology 14 Royalties 15 7537 6579. 555 403. Occupancy 16 2412 2412. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 76. 66. 6. 4. Interest 20 21 Payments to affiliates 7229 8281 609. 22 Depreciation, depletion, and amortization 443. Insurance 6312. 2961. 3169. 182. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 6969. 6969 CLIENT ASSISTANCE 0 0. TELEPHONE 2010. 1755 148. 107. VOLUNTEER TRAINING 1798. 1798. 0. 0. d FUNDRAISING SUPPLIES 1267. 1267. 0. 0. 394 404. 10 All other expenses 20784 Total functional expenses Add lines 1 through 24e 218623. 186619 11220. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X	-		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	41317.	1	124942		
	2	Savings and temporary cash investments	20380.	2			
	3	Pledges and grants receivable, net			3034.	3	4467
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	er officer, director,			
	İ	trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%	*		
		controlled entity or family member of any of th	ese pers	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		_ 6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	.				
		basis Complete Part VI of Schedule D	10a	322951.			
	ь	Less accumulated depreciation	10b	55987.	275245.	10c	<u>2669</u> 64
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	e 11			12	
	13	Investments - program-related See Part IV, lin	e 11	1		13	
	14	Intangible assets	<u> </u>		14		
	15	Other assets See Part IV, line 11	<u>815.</u>	15	157		
	16	Total assets. Add lines 1 through 15 (must ed	<u>340791.</u>	16	<u> 396530</u>		
	17	Accounts payable and accrued expenses	13644.	17	19440		
	18	Grants payable		<u></u>	18		
	19	Deferred revenue				19	<u>-</u>
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complet			 	21	
es	22	Loans and other payables to any current or fo		·			
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of th		F		22	
_	23	Secured mortgages and notes payable to unre		· .	270138.	23	
	24	Unsecured notes and loans payable to unrela		Г		24	***
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17⋅24) Complete Part X			
		of Schedule D			00200	25	10110
_	26	Total liabilities. Add lines 17 through 25		. [77]	283782.	26	19440
S		Organizations that follow FASB ASC 958, cl	heck he	re ▶ LX.		.	
Ĕ		and complete lines 27, 28, 32, and 33.			F7000		277000
ala	27	Net assets without donor restrictions		-	57009.	27	377090
0	28	Net assets with donor restrictions			 	28	
		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
- -		and complete lines 29 through 33.					
SIS	29	Capital stock or trust principal, or current fund		·		29	
(33)	30	Paid-in or capital surplus, or land, building, or		-		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds	E 11 0 0 0	31	20000
ž	32	Total net assets or fund balances		-	57009.	32	<u>377090</u>
	33	Total liabilities and net assets/fund balances			340791.	33	396530 (2019

Form **990** (2019)

Forn	n 990 (2019) LITERACY OUTREACH	26-471	3475	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI	r ·· -			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5.3	297	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{04.}{23.}$
3	Revenue less expenses Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			09.
5	Net unrealized gains (losses) on investments	5		,,,	<u> </u>
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,		_		.
	column (B))	10	3.7	770	90.
Pa	rt XII Financial Statements and Reporting	10		70	90.
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
	Street and Street and Street and Street and Street and Street and Street		- I	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 Schedule	0			
2a		O	2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	20	<u>^</u>	
	separate basis, consolidated basis, or both	Jona		ŀ	
	X 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 separat	e basis			
	consolidated basis, or both	,	1 . [1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	ĺ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Ì	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2019)

SCHEDULE A

(Form 990 br 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions	· · · · · · · · · · · · · · · · · · ·												
Part I Reason for Public Charity Status (All organizations must complete this part) See instructions	<u> </u>												
ne organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)													
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))												
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)((iii). Enter the hospital's name,												
city, and state	·												
5 An organization operated for the benefit of a college or university owned or operated by a governmental un	init described in												
section 170(b)(1)(A)(iv). (Complete Part II)													
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
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)													
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a l	land-grant college												
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or												
university	•												
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membersh	hip fees, and gross receipts from												
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of it	- ·												
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the org	ganization after June 30, 1975												
See section 509(a)(2). (Complete Part III)	-												
1 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to cal	arry out the purposes of one or												
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(1)	609(a)(3). Check the box in												
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and	d 12g												
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), ty	ypically by giving												
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustee	es of the supporting												
organization You must complete Part IV, Sections A and B.													
b Type II. A supporting organization supervised or controlled in connection with its supported organization	n(s), by having												
control or management of the supporting organization vested in the same persons that control or management	ge the supported												
organization(s) You must complete Part IV, Sections A and C.													
c Type III functionally integrated. A supporting organization operated in connection with, and functionall	ly integrated with,												
its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.													
d Type III non-functionally integrated. A supporting organization operated in connection with its support	ted organization(s)												
that is not functionally integrated. The organization generally must satisfy a distribution requirement and	d an attentiveness												
requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.													
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type I	II, Type III												
functionally integrated, or Type III non-functionally integrated supporting organization													
f Enter the number of supported organizations													
g Provide the following information about the supported organization(s) (ii) Name of supported (iii) EIN (iii) Type of organization (iv) is the organization listed (v) Amount of organization (v) and organization (v) amount of organization (v) and organization (v) and organization (v) amount of organization (v) and organization (v) and organization (v) amount of organization (v) and organization (v) amount of organization (v) amount of organization (v) amount of organization (v) and organization (v) amount of organization (v) am													
(described on lines 1-10	· · · · · · · · · · · · · · · · · · ·												
above (see instructions)) Yes No Support (see ins	structions) support (see instructions)												
	_												
and the same of th	-												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	81339.	192849.	169058.	176821.	246403.	866470.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	81339.	192849.	169058.	176821.	246403.	866470.
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)	-					449482.
6	Public support. Subtract line 5 from line 4			-			416988.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	81339.	192849.	169058.	176821.	246403.	866470.
8	Gross income from interest,						
	dividends, payments received on		İ				
	securities loans, rents, royalties,						
	and income from similar sources		579.	86.	380.	217.	1262.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		1,11		···· <u></u> ·		
-	or loss from the sale of capital						
	assets (Explain in Part VI)		17909.	19323.	21621.	19094.	58920.
11	Total support. Add lines 7 through 10					230320	926652.
	Gross receipts from related activities,	etc (see instruction	ons)		· · · · · ·	12	3482.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	x vear as a section		01011
	organization, check this box and stop		,,,	, , , , , , , , , , , , , , , , , , , ,	,		
Sec	tion C. Computation of Publi		centage		<u></u>		<u> </u>
14	Public support percentage for 2019 (li	ne 6, column (f) dı	vided by line 11, c	olumn (f))	-	14	45.00 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	45.58 %
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies	•				•	▶ X
b	33 1/3% support test - 2018. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	•		13, 16a, or 16b. a	and line 14 is 10% o	or more.
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"			•	•		▶ []
h	10% -facts-and-circumstances test	•			•	7a, and line 15 is 1	 0% or
	more, and if the organization meets th	-					0,0 Oi
	organization meets the "facts-and-circ				•		▶ [
18	Private foundation. If the organization						
	Treate realization. If the organization	. Glo Hot offect a l	337 OF III 10, 102	,, ira, or 17D	, Gridor triis box a	ing acc matructions	

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. Public Support	elow, please com	plete Part II)				
	(2) 2015	(b) 2016	(a) 2017	(4) 2019	(2) 2010	(O Total
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
• • • • • • • • • • • • • • • • • • • •					+	-
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the			,			
organization's tax-exempt purpose	ļ			_	 	
3 Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513					ļ	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				_	<u> </u>	·
5 The value of services or facilities						
furnished by a governmental unit to				ŀ		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		L				
Section B. Total Support		,		-		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources					<u></u>	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b				-		
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation.
check this box and stop here	J			,	(//)	▶□
Section C. Computation of Publ	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
15 Public support percentage for 2019 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018		•	.,,		16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from a		=			18	%
19a 33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a	-				•	▶□
b 33 1/3% support tests - 2018. If the	•		•	• •		and
line 18 is not more than 33 1/3%, che	-					▶□
20 Private foundation. If the organization			•		· ·	
		(T) 10	, ,,	2000 unid 300 II		<u> </u>

932023 09-25-19

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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
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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 Vt, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

Yes	No
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	Yes

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

3b

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	10 ±113±13 rageo
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	· · · · · · · · · · · · · · · · · · ·
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· <u>-</u>	,
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		· · ·	
	factors (explain in detail in Part VI)	. L		
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		
Sect	ion 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-functional		ed Type III supporting orga	anization (see
	instructions)	, , , , , , , , , , , , , , , , , , , ,	71 FFF33·	/

Schedule A (Form 990 or 990-EZ) 2019

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distributions (see instructions)	1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Fotal annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the provide details in Part VI) See instructions	ot purposes of supported	S	Current Year
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e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015	c F	From 2016			
f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015	d F	From 2017			
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h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015	f 1	Fotal of lines 3a through e			
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b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015	<u>lı</u>	ne 7 \$			
c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015	a A	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015					
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Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015					
7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015		- 1			
and 4c 8 Breakdown of line 7 a Excess from 2015		·			
8 Breakdown of line 7 a Excess from 2015		•			
a Excess from 2015					<u>.</u>
c Excess from 2017					
d Excess from 2018	<u>a </u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

LITERACY OUTREACH 26-4713475 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? 」Yes 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 (for example, 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 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 tax 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) and section 170(h)(4)(B)(ii)? Yes 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 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 FASB 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 FASB 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 2 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

932051 10-02-19

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Schedule D (Form 990) 2019

		Y OUTREACH		_				<u> 26-47</u>	13475	Page 2
Pa	rt III 'Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(contin	ued)_
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make si	gnıfıcant	use of its		
	collection items (check all that apply)									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progr	am				
b	Scholarly research	e	• 🗀	Other						
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	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 m								Yes	No_
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if thi	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	ıncluded	_		
	on Form 990, Part X?		,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table					00	
			3						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabili			Yes	No
ь	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanati	on has been	provided or	Part XIII	•			
Pai							0			
	-	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships	-						-		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	e organiz	ation	_	
	by	•								Yes No
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations 3a(ii)									
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	The state of the s									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere			V, line 11a S	See Form 990	D, Part X, I	ine 10			
	Description of property	(a) Cost or o		` '	or other		cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land				-					
b	Buildings			3	22951.		559	87.	26	<u>6964.</u>
С	Leasehold improvements		_							
d	Equipment									
-	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	10c)			▶	26	6964.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 LITERACY OU	TREACH	26	-4713475 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			J = 6 1 - 1 - 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	u-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests		·-···	
(3) Other			
(A)			
(B)			· · ·
(C)			
(D)			_ _
(E)			** .
<u>(F)</u>	-		
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment		I1c See Form 990, Part X, line 13	4-6
	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1)	_		
(2)			
(3)			
(4)			,
<u>(5)</u>			<u> </u>
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		<u>-</u>
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part X, line 15	
	Description	_ .	(b) Book value
(1)			
(2)			
(3)	~		
(5)			
(6)	***************************************		
(8)			
(9)		. ~.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)	· · · ·		
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	that reports the

932053 10-02-19

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 LITERACY OUTREACH	26-4713	475 Page 4
Part XI Rèconciliation of Revenue per Audited Fina	ncial Statements With Revenue per Return.	
. Complete if the organization answered "Yes" on Form 990	Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial stat	ements 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa		
Part XII Reconciliation of Expenses per Audited Fine	•	
Complete if the organization answered "Yes" on Form 990		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments c Other losses	26	
d Other (Describe in Part XIII)	2c 2d	
e 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		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F		· -
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		
		
		

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

LITERACY OUTREACH Employer identification number 26-4713475

Part I Fundraising Activities required to complete this par	 Complete if the organization answit 	ered "Y	es" o	n Form 990, Part IV,	line 17 Form 990-E2	I filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua lart VII) or entity in connection with positions or entities (fundraisers) pursi	tion of tion of fundra (includation	non g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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			
Total			•			
3 List all states in which the organization or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
	-		11.			
				-		
	· ·				. =-	

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17320227 765183 4597

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Schedule G (Form 990 or 990-EZ) 2019

Pá	art	 Fundraising Events. Complete if the of fundraising event contributions and grade 			events with gross receip	
			(a) Event #1 SPELLEBRATIO		(c) Other events	(d) Total events (add col (a) through
			N (event type)	SHUFFLE (event type)	(total number)	col (c))
Revenue						
Rev	1	Gross receipts	23319.	12055.		35374
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	23319.	12055.		35374.
	4	Cash prizes				
ø	5	Noncash prizes	186.	97.	_ .	283.
beuse	6	Rent/facility costs	1605.			1605.
Direct Expenses	7	Food and beverages	1284.	387.		1671.
₫	8	Entertainment				
	9	Other direct expenses	6140.	2914.	3667.	12721.
	10	Direct expense summary Add lines 4 throug			•	16280
Ps	<u> 11</u> 	Net income summary Subtract line 10 from III Gaming. Complete if the organization		a 990 Part IV line 19 or	reported more than	19094
-		\$15,000 on Form 990-EZ, line 6a	answered tes on ton	1930,1 art 10, line 13, 01	reported more than	
		\$ 1.0 jos \$ 1.1 jos \$ 22 j \$ 32		(b) Pull tabs/instant		(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)
Revenue	1	Gross revenue				
	i i	Gloss revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	☐ Yes % ☐ No	,
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization cond he organization licensed to conduct gaming a	activities in each of these	states?	· · · · · · · · · · · · · · · · · · ·	Yes No
b	ıt " ——	No," explain				-
		re any of the organization's gaming licenses r	•	-	-	Yes No
J	_	Yes," explain				
					Cabadala O. Ca	000 000 57\ 004
3208	32 09	J-11-19			ocneaule G (Foi	rm 990 or 990-EZ) 20 [.]

Schedule G (Form 990 or 990-EZ) 2019 LITERACY OUTREACH	26-4713475 Page 3
11. Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Name ▶	
	•
16 Gaming manager information	
Name	
Gaming manager compensation > \$	
Description of convices provided	
Description of services provided	
	
Director/officer Employee Independent contractor	
47 Mariana Indiana	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□vaa □Na
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	Yes No
organization's own exempt activities during the tax year > \$	in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v)	and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,
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Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	LITERACY OUTREA	CH	26-4713475 Page 4
Part IV Supplemental Info	ormation (continued)		
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Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

26-4713475 LITERACY OUTREACH Part I Types of Property (b) (d) (a) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes Intellectual property A Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 270138.MORTGAGE NOTE BALANC X (FORGIVENESS O) 25 7 X 8571.FAIR MARKET VALUE OF 26 (IN-KIND GOODS) X 5000.FAIR MARKET VALUE OF 27 (IN-KIND ADVER) 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

932141 09-27-19

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

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Name of the organization

Employer identification number

OMB No 1545-0047

LITERACY OUTREACH	26-4713475
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE A	PPROVAL, SIGNATURE
AND FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE	WITH CONFLICT OF
INTEREST POLICY THROUGH ANNUAL CONFLICT OF INTEREST DISC	CLOSURE STATEMENTS
BY DIRECTORS, OFFICERS AND KEY EMPLOYEES WITH REGULAR RI	EVIEW BY THE BOARD
OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUAL COMPENSATION OF EXECUTIVE DIRECTOR AND KEY MANAGE	EMENT ARE DETERMINED
THROUGH INDUSTRY COMPARISON, AND JOB PERFORMANCE, WITH 1	REVIEW AND APPROVAL
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 18:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINAL	NCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINAL	_
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE REVIEW ENGAGEMENT SUPP	
AND APPROVAL PROCESS.	

932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or		Page 2					
Name of the organization	LITERACY	OUTREACH				Employer identification n	umber
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