		·= -		Short Form		OMB No. 1545-0047
	Form	, g <u>g</u>	30-EZ	Return of Organization Exempt From Income T	ax	2040
				Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private for		2019
				▶ Do not enter social security numbers on this form, as it may be made pub	olic.	Open to Public
	Depa	ertment o	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information	2060	Inspection
				er year, or tex year beginning April 1 , 2019, and ending	March	31 , 20 20
			pplicable:			dentification number
		Address (change	Literacy Volunteers-Androscoggin	;	32-0109802
-	_	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone	number
	=	iniklad retu Filmad retu	m n√ternésated	51 Westminster St. 116		07-753-6658
		Amended		1101	F Group Exe Number	
03	-		on pending ting Method:	Lewiston ME 04240 ✓ Cash Accrual Other (specify) ► H C		
15		Vebsite	•			if the organization is not tach Schedule B
12					•	0-EZ, or 990-PF).
				☑ Corporation ☐ Trust ☐ Association ☐ Other		
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a		
-5				5500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>
p ₂ J		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in the organization used Schedule O to respond to any question in this Part I		•
5	,	1		ons, gifts, grants, and similar amounts received		56,780
		2		ervice revenue including government fees and contracts	2	30,780
Z Z	•	3	Membersh			
9		4	investment	income	4	0
		5a	Gross amo	unt from sale of assets other than inventory 5a		
\approx		b		or other basis and sales expenses		
Proc		C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	<u>5c</u>	0
0	•	6 a	_	d fundraising events: ome from gaming (attach Schedule G if greater than	İ	#53
	ą	"	\$15,000)			1100
	2024erue	Ь		me from fundralsing events (not including S of contributions		APR 2 1 2021
		· ·	from fundr	aising events reported on line 1) (attach Schedule G if the		(AFR 2 1 2021)
	20		sum of suc	h gross income and contributions exceeds \$15,000)	1,351	FOR EXPENSE
	R -9	С		t expenses from gaming and fundraising events 6c		ECEIVED ENTITY DEPT
ني	63	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt		
03	<u></u>	7.		n of layertany lang values and allowances	· <u>6d</u>	4,751
221 MAY 0	100	7a b		s of inventory, less returns and allowances	- 0	
Ž		C		it or (loss) from sales of Inventory (subtract line 7b from line 7a)		
+-1	4	8				
7	Z	9	Total reve	nue (describe in Schedule O)	9	61,531
0 2	SCANNED	10	C	similar amounts noid flict in Cobadula (1)	140	0
5 (11	Benefits pa	in to or tot members	71 . 11	0
7	Expenses	12				53,196
2	ems	13	Profession	al fees and other payments to independent contractors	H 13	2,524
042	8	14	Occupancy	, rent, utilities, and maintenance	14	2,400
0		15 16	• •	iblications, postage, and shipping		3 027
		17		nses. Add lines 10 through 16		3,037 61,212
		18	Excess or	deficit) for the year (subtract line 17 from line 9)	. 18	319

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Other changes in net assets or fund balances (explain in Schedule O) .

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 108421

19

20

21

10,781

11,100

11,100

Form 990-EZ (2019)

						3
Pa	rt II Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	,	<u> </u>
	Onch and the district of the second		}		1	(B) End of year
22	Cash, savings, and investments			10,781		11,100
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)			10,781		
25 26			· · · · · ·		26	11,100
27	Net assets or fund balances (line 27 of column			10,781		11,100
	t III Statement of Program Service Accom					11,100
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	<u> </u>				uired for section
	onbe the organization's program service accompli	shments for each o	if its three largest r	program services		(c)(3) and 501(c)(4) Inizations; optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			othe	
28	Basic Literacy: One-on-one tutor in reading, writing,	math and/or English	Conversation skills	for adults		
	Students served: 136]
		includes foreign gra			28a	55,499
29				Inter-generational		
	activities and parenting information are also include	d. Students served: 2	•••			
	(A)			······································		İ
20		includes foreign gra			29a	816
30	Workplace Literacy Classes for English Language Lo	earners			ļ]
	Students served:12					
	(Grants \$) If this amount	includes foreign gra	nts check here	—————————————————————————————————————	30a	4,897
31	Other program services (describe in Schedule O)				004	4,637
٠.		includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)			32	61,212
	t IV List of Officers, Directors, Trustees, and Key				nstruc	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗹
		(b) Average	(c) Reportable	(d) Health benefits,		Fatimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Shar	on D. Handy, Chairperson				ł	
9 Ma	plewood St., Lewiston, ME 04240	2		2	0	
	James, Treasurer	ļ	ļ			
52 L	eeds Junction Rd., Wales, ME 04280	2)	0	0
	Vadarmis, Secretary		1		-	
	Witham Rd. Auburn, ME 04210	2		P	0	
	s R. Handy, Member-at-Large	1				_
	plewood St., Lewiston, ME 04240	1	<u> </u>	<u> </u>	<u> </u>	0
	Hann, Member-at-Large	1	ļ	,	ام	
	Minot Ave., Auburn, ME 04210	1	 		0	
	Ward, Member-at-Large	1	}		0	a
	aple St., Lisbon Falls, ME 04252 Boss, Member-at-Large			 	4	
	Nood St., Lewiston, ME 04240	1 1			0	O
	ier Nosso, Member-at-Large	 			*	
	oward St., Lewiston ME 04240	1 1		o l	0	0
	Patrick, Tutor Reprsentative	<u> </u>	<u> </u>	<u> </u>	\top	·
	ech Hill Rd., Auburn, ME 04210	1 1			0	0
	e Thornton, Member-at-Large				1	
	ile St., Lewiston, ME 04241	11			o	C
	a Chamberlain, Executive Director					
	estminster St., Lewiston, ME 04240	40		<u>)</u>	0	
	Lunt, Assistant to the Director					
	estminster St., Lewiston, ME 04240	20	1 (N.	0	0



Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		7
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		٧
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1 .		ľ
а	Initiation fees and capital contributions included on line 9			'
b	Gross receipts, included on line 9, for public use of club facilities			į
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			ı
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			'
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			!
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
þ	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year	- 1	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	П		
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
C	Did the organization receive any payments for indoor tanning services during the year?	44c		
q	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			}
	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	_	, ,
		730	1	<u> </u>

Form 990	-EZ (20	19)									age 🔸
40 1	ماه اما	e organization engage, directly or in	directly in political c	ampaign activities	on hal	half of or	in annacii	ion [Yes	No
		ndidates for public office? If "Yes," o							46		1
Part V		Section 501(c)(3) Organizations All section 501(c)(3) organization	Only				,,			or line	es
		50 and 51. Check if the organization used Scl	nedule O to respond	to any question i	n this	Part Vi					
	······	Officer if the organization used co.	icadic o to respond	to any question.		· art vi		• •		Yes	
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										V	
		organization a school as described in							48		V
		e organization make any transfers to			anizatio	on?			49a		~
		s," was the related organization a se							49b		1
50 (Comp	plete this table for the organization's byces) who each received more than	five highest compen	sated employees (other ti	han office	ers, directo	ors, tr	ustee	s, an	d key
	empic	byees) who each received more than	 	T	yarııza	(d) Health t		e, en	ei ivi	5/16.	
	(a) i	Name and title of each employee	(b) Average hours per weak devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	bos	ntributions to	employee nd deferred		timated er com		
								· 			
					_				 -		
											
51	Comp \$100,	number of other employees paid ov- olete this table for the organization, 000 of compensation from the organ Name and business address of each independent	s five highest componization. If there is no	ensated independe		ntractors		Comp		·····	than
	(-)										
							·				·
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. •						
52	Did t	he organization complete Scheduleted Schedule A						a .▶☑	Yes		No
Under per true, com	nalties ect, an	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and state	ements, rer has a	and to the t	sest of my kr	owled	ge and	belief,	it is
	T	Tablia Chan	beste			7		しる	Ū		
Sign Here		Signature of officer Tahlia Chambertain		Date' '							
	l_,	Type or print name and tritle	Propagate signature		Date	,,,	γ	1 6	אודי		
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date		Check L self-emplo	if			
Use C		Firm's name ▶			Firm's EIN ▶						
		Firm's address >				Phon					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2019

> Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Literacy Volunteers-Androscoggin 32-0109802 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a 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: 10 An organization that normally receives: (1) more than 331% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry 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)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees 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(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . f Provide the following information about the supported organization(s). (f) Name of supported organization (iv) is the organization fiii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions instructions) Ves No (A) (B) (C) (D)

(E)

Part II

Part								
	(Complete only if you checked the						alify under	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)		
	on A. Public Support							
Calen	dar 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 include any "unusual grants.")	66340	62102	72362	63382	61531	325717	
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	66340	62102	72362	63382	61531	325717	
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						32511	
	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	66340	62102	72362	63382	61531	325717	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on		•		:			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	o	o	0	
11	Total support. Add lines 7 through 10	I					32571	
12	Gross receipts from related activities, etc.	•	•			12	349105	
13	First five years. If the Form 990 is for the	-	•		_			
S - A!	organization, check this box and stop he			<u> </u>	· · · · ·		· · ·	
	on C. Computation of Public Suppor			4(0)	· · · · · · · · · · · · · · · · · · ·	44	100.0/	
14 15 16a	\cdot							
b	box and stop here. The organization qualifies as a publicly supported organization							
17a								
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	tion meets the neets the	e "facts-and-c s-and-circums	ircumstances" tances" test. T 	test, check the organization	his box and son qualifies as	top here. a publicly	
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Gellendary year (or fiscal year beginning in) ▶ 1 Gifts, gants, contributions, and membership less received (bon include any musus grants.) 2 Gross receipts from admissions, merchandies sold or tarkose performed, or failures and the properties of the proper	Part					nization failer	d to qualify u	nder Part II (
Section A. Public Support I diffus grants, contributions, and membership less received (fro on clinide say "unused grants.") 2 Gross receipts from admissions, merchandide sold or sections performed or facilities furnished in any activity that is related to the organization's tex-exempt purpose. 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 unrelated and comparation's tex-exempt purpose. 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 unrelated or section 514 unrelated or section 515 unrelat								INGI FAILII.
Callendar year (or fiscal year baginning in) If (Sifts, gants, combabins, and mambeship less received (Do not include any "unusual garsts") Cross received (Do not include any "unusual garsts") Cross received from admissions, merchandise sold or services performed, or facilities furnished in any activity that is read to an unrelated trade or business under section 513 4	Secti		CHACH THE RE	JOED HOLOG DOI	on, picase of	mpiete rait	/	
1 Gifts, grants, contributions, and membership fees received (pon to include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the construction of the sold of the so			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	19 Total
2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the origination's tax-evering purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 at minimated and propose. 4 Tax revenues levied for the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2 and 3 received from other than 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 5) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received no securities loans, rents, royalles, and noon the form animal sources. b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975. c Add lines 10 and 10b. 11 Nat income from unrelated businesses acquired after June 30, 1975. c Add lines 10 and 10b. 12 Total support. (Add lifes 9, 10c, 11, and 12.) 13 Total support. (Add lifes 9, 10c, 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, cyfeck this box and stop here. Section D. Ormputation of Public Support Percentage 15 Public support percentage from 2018 Schedule A, Part III, line 15. 16 9 96 Section D. Ormputation of investment Income Percentage 15 Public support percentage from 2018 Schedule A, Part III, line 15. 16 9 96 Section D. Ormputation of investment line of the organization of lot of the ke box on line 14 or line 15a, and line 15 is more than 333-%, check this box and stop here. The organization qualifies as a publicly supported organization. In line 18 is not more than 333-%, check this box and sto			<u> </u>	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,20.0	<u> </u>	7,750
sold or services performed, or facilities turnished in any activity that is related to the organization's tax-evempt purpose . Gross necepits from activities that are not an unrelated trade or business under section \$13 4 Tax revenues levied for the paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 A amounts included on lines 1, 2, and 3 received from disqualified persons . 8 A mounts included on lines 1, 2, and 3 received from disqualified persons . 9 A mounts included on lines 3, 2 and 3 received from other than disqualified persons . 9 A mounts included on lines 3 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 . 10 Add lines 7a and 7b . 10 Public support (Subtract line 7c from line 6) . 10 Gross income from interest, dividends, payments serviced on securities loans, rents, royalties, and income from similar sources . 10 Unrelated business tax-bits income (less section \$11 taxes) from businesses acquired after June 30, 1975 . 2 Add lines 10 a and 10b . 11 Net income from unrelated businesses acquired after June 30, 1975 . 2 Add lines 10 a and 10b . 12 Other monome. Do not included pain or loss from the sale of capital assets (Explain In Part VI) . 13 Total support (Add lifies 9, 10c, 11 and 12) . 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, cyleck this box and stop here . 2 Section C. Computation of Public Support Percentage 15 Public support percentage from 2018 Schedule A, Part III, line 15 . 16 Yebic support percentage from 2018 Schedule A, Part III, line 17 . 19 33/6% support tests—2019. If the organization did not check a box on line 14, and line 15 is more than 33/6%, ence this box and stop here. The organization qualifies as a publicly supported organization if line 16		received. (Do not include any "unusual grants.")			1		/	Y
furnished in any activity that is related to the organization's tax-everity purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 and unrelated trade or business under section 513 and unrelated trade or business under section 513 and unrelated trade or business under the design of the d	2	Gross receipts from admissions, merchandise			1			
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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.

° | 2019

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

32-0109802 Literacy Volunteers-Androscoggin PART 1 - Revenue, Expenses and Changes in Net Assets or Fund Balance Office Supplies 172 Tutor Workbooks 93 Website Domain 75 Letter Campaign 182 Dues 375 Educational Materials 52 Incorporation Fee 35 Liability Ins. 425 Workers Comp Ins. 305 D&O Insurance 610 Mileage 713 TOTAL 3037 PART IV - List of Officers, Directors, Trustees, and Key Employees (a) Bonnie Shulman, ELL Instructor, 51 Westminster St., Lewiston, ME 04240 (b) 3 (c) 0 (d) 0 (e) 0 (a) Joyce Bucciantini, Child Educator, 51 Westminster St., Lewiston, ME 04240 (b) 3 (c) 0 (d) 0 (e) 0 (a) Sue Reilly, Child Educator, 51 Westminster St., Lewiston, ME 04240 (b) 3 (c) 0 (d) 0 (e) 0 (a) Lynn Busch, Child Educator,, 51 Westminster St., Lewiston, ME 04240 (b) 3 (c) 0 (d) 0 (e) 0