East	Q	90	Return of Organization Exempt From Incom	na Tav		10410 10 1343-0047
Foi	m J	30	Return of Organization Exempt From moon	IC IAX		2018
	•		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	private foundation:	s)	2010
•		₽.	▶ Do not enter social security numbers on this form as it may be made	. ^ .	<i>j</i> .	Open to Public
		the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest inform	· KAIV	(D)	Inspection
A.		Tue Service	<del></del>		<del>2</del>	
~			ar year, or tax year beginning 07-01 , 2018, and en	uing (	6-30	
В	Check if	applicable	C Name of organization_Orange County Literacy Council Inc.	<del></del>	1	nployer identification no.
片	Address	change	Doing business as		56-	1433933
닏	Name ch	nange	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Tel	ephone number
$\sqcup$	Initial ret	um	307 West Weaver Street		(91	9) 914-6153
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gro	oss receipts
	Amende	d return	Carrboro, NC 27510		\$	471,652
$\Box$	Applicati	On pending	F Name and address of pnncipal officer Alice Denson	H(a) is this a group return	n for subord	inates? Yes X No
_		. 0	Same as C above	H(b) Are all subordina		
	Tay-eyer	npt status		7 '		ee instructions)
<u> </u>	Website			H(c) Group exemption	•	
<u></u>			v.orangeliteracy.org // / Corporation			
<u> </u>	art I			M State of le	gai comic	cile NC
	<del></del> -	Summar	<del></del>			
	1	Briefly descri	be the organization's mission or most significant activities  See Schedule O.			
به			<u></u>	<del></del> _		
an C						
Ë	1			· · · · · · · · · · · · · · · · · · ·		
Š	2	Check this bo	ox > 🔲 if the organization discontinued its operations or disposed of more than 25% of i	ts net assets		
ŏ	3	Number of vo	oting members of the governing body (Part VI, line 1a)		:	15
οğ V	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4		15
Activities & Governance	5		6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5		9
į.	6		of volunteers (estimate if necessary)	6	.   -	150
ĕ	72		ed business revenue from Part VIII, column (C), line 12	7,	-	0
				7		0
	+ -	Net unrelated	1 business taxable income from Form 990-T, line 38	<del></del>	-	
			<u> </u>	Pnor Year		Current Year
a	8		and grants (Part VIII, line 1h)	391,9		400,699
3 2021 Revenue	9	-		41,36		70,929
202	10		come (Part VIII, column (A), lines 3, 4, and 7d)		59	24
٣.٣	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
<b>*</b>	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	433,40	07	471,652
ပ	13	Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)	29,07	73	33,984
لدا	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0
	15	Salanes, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	264,37	73	235,405
	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			0
SCANNED Expenses			sing expenses (Part IX, column (D), line 25)  20,598			
<del></del>	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	131,41	11	213,801
<b>A</b>	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)	424,85		483,190
3	19		s expenses Subtract line 18 from line 12			
Š		_Revenue less		8,55		(11,538
Net Assets or	<u>و</u> ا	<b>-</b> ,	<del></del>	eginning of Current Year	1	End of Year
set	ē   20		Part X, line 16)	283,73		275,680
î Aş	일 21		s (Part X, line 26)	46,57	i	42,385
			fund balances Subtract line 21 from line 20	237,16	53	233,295
Pa	rt II	Signatu	re Block			
			are that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge of specific the specific that the effect is been done all information of specific that any knowledge	wledge and belief, it is		
- true	, conect,	and complete Dec	laration of preparer (other than officer) is based on all information of which preparer has any knowledge		7	1// 0 = :
		1	Mr / Mrson	ļ	<i>ナ.,</i>	14.4010
Sig	n	Signature	a of officer	Da	fie .	7
He	re	I A	UCE L. DENSON, EXECUTIVE DIRECT	TOR		
		Type or p	with name and title			
	_		Date .			·

Danes

07-07-2020

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Mark S Danes CPA PLLC

5512 Frenchmans Creek Drive

Mark Danes

Firm's address

Y) Porm 95

919-452-1999

· · · · · · · 🔀 Yes

Firm's EIN ► 46-1061285

Phone no

P01321736

□ No

Paid

**Preparer** 

**Use Only** 

	Int III Statement of Program Service Accomplishments
Га	<del></del>
·—	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	See Schedule O.
	<del></del>
_	
2	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?
	·
•	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 services?
	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
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4	(Out)
4a	(Code) (Expenses \$376,859 including grants of \$) (Revenue \$)
	The Council provides adult and family literacy instruction - including reading, writing,
	math, computer and English language skills and citizenship instruction - using both paid and
	volunteer instructors. The Council recruits, trains and provides on-going support in 1:1
	matches, small classes, computer labs, family reading and other special topic classes and
	workshops.
4b	(Code) (Expenses \$14,934 including grants of \$) (Revenue \$70,929)
	Writers for Readers - a program bringing together writers, storytellers, students,
	volunteers, supporters and the general public to highlight the issue of adult literacy and
	limited English language skills throughout the area.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convece (Describe in Schadule O.)
4d	Other program services (Describe in Schedule O )  (Expenses S ) (Revenue S )
45	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e_	Total program service expenses ► 391,793
EΑ	Form <b>990</b> (2018)

Orange County Literacy Council Inc.

ABOTO Page 3

**Checklist of Required Schedules** PartilVi Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . . . . . . . . . 2 2 Did the organization engage in direct of indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II X . . . . . . . . . . . . . . . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Х assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors ĸ have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes." complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .... If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . 12b 13 13 14a 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 14b Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ....... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21

Part 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 29 If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." completé Schedule J \_\_\_\_\_ X 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 X through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25h X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28h X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 Х 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 26 **b** Enter the number of Form W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2018)
Orange County Literacy Council Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 56-1433933

	Catemonic (Commission)	_		
2-	Fotos the number of employees constant on Form W. 3. Transmittal of Wage and Tax		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			,
		2b	$\overline{x}$	<u></u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a 	·	3b	-	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	- 35		
4a	a financial account in a foreign country (such as a bank account, secunities account, or other financial account)?	4a		Х
_				
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>.</b> .	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- /\
C C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		- 23
b		6ь		
7	gifts were not tax deductible?	75		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	·		
а		7a		$\overline{x}$
<b>h</b>	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c	- 1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			· 1
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		·
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			- 1
а	Initiation fees and capital contributions included on Part VIII, line 12			j
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Ì	1
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			- 1
b	Gross income from other sources (Do not net amounts due or paid to other sources		ł	ł
	against amounts due or received from them )			]
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	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	1		1
b	Enter the amount of reserves the organization is required to maintain by the states in which			Ì
	the organization is licensed to issue qualified health plans		- 1	}
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	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		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N			
6	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			{

Page 5

Section

7a

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

_		••		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or '	ĺ		1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	}	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		X
9	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 in Schedule O	9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х

	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.50	X
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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
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?	16b		

17	List the states with which a cop	y of this Form	990 is required	to be filed
----	----------------------------------	----------------	-----------------	-------------

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Alice Denson (919) 914-6153, 307 West Weaver Street, Carrboro, NC 27510

orm 990				Literacy						56-143		Page 7
Part VI	Compen	sation of	Officers,	Directors,	Trustees	, Key	Employees,	Highest	Compe	nsated E	mployees	s, and
	Independ	dent Cont	ractors									_
	Chack if Sch	adula O con	taine a reen	onse or note to	any line in t	his 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

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

				(	C)	_				
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jon Jester Director	1.00	х							0	(
(2) Shannon Ravenal	1.00	X						0		
(3) Jamie Dunlap	4.00	Х		Х				0		· · · · · · · · · · · · · · · · · · ·
Treasurer  (4) Evan Gwyn	1.00	Х		X				0		
Secretary  (5) Karen_Eldridge  President	3.00	Х		Х				0		
(6) Lynn Lang Director	1.00	Х						0	0	
(7) Luncida Munger Director	1.00	X						0		
8) Bernard Glassman Vice President	2.00	Х		Х				0	0	
(9) Paul Betz Director	1.00	Х						0	0	(
10)Aurora Boyer Director	1.00	Х						0	0	
11)Thomas Grasty Director	1.00	Х						0	0	
12)Lynn Roundtree Director	1.00	X						0	0	
13)John Sherer Director	1.00	Х						0	0	
(14)Kenneth Spence Director	1.00	Х						0	0	(

Page 8

(19) Taylor Thurman  100	Section A. Officers, Directors, Trustees	Key Employ	Tees, a	nu n			Compe	31150	iteu Employees (C	T T T T T T T T T T T T T T T T T T T			
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West, claim	Name and title	, -							,	•	1		
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(22)   (23)   (24)   (25)   (25)   (26)   (26)   (27)   (27)   (27)   (28)   (29)	(20)	. L											
(22)  (23)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who													
(22)  (23)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who  2 Total number of Independent contractors (including but not limited to those listed above) who	(21)												
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   O  1 O  1 O  1 O  1 O  1 O  1 O  1 O	¥==/-												
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   O  1 O  1 O  1 O  1 O  1 O  1 O  1 O	(24)	<u> </u>		$\dashv$	$\neg +$	$\neg$	-				$\dashv$		
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization are greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(25)	+		$\dashv$		$\dashv$	-	$\dashv$			+		
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Total (add lines 1b and 1c)						•	• • •	•	`				
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Compensation  Total number of independent contractors (including but not limited to those listed above) who	· · · · · · · · · · · · · · · · · · ·	to those lister	d abov	e) w	ho re	ecei	ved mo	ore ti	han \$100,000 of				
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employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (B)  (C)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who											c	Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former officer, director,	or trustee, ke	y empi	oyee	e, or l	high	nest co	mpe	nsated			<u> </u>	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	employee on line 1a? If "Yes," complete Schedule J	for such indiv	ndual	•		•					3		X
Individual	4 For any individual listed on line 1a, is the sum of rep	ortable compe	ensatio	n an	id oth	her	compe	nsat	ion from the		k L		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations greater than	\$150,000? If	"Yes," d	comp	olete	Scf	hedule	J fo	r such		!	.	
for services rendered to the organization? If "Yes," complete Schedule J for such person	ındıvıdual								. <b></b> .		4		Χ
for services rendered to the organization? If "Yes," complete Schedule J for such person	5 Did any person listed on line 1a receive or accrue of	ompensation f	from an	ıy un	relat	led (	organiz	zatio	n or individual		٠.		- 1
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											5		X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who													
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	Complete this table for your five highest compensate	ed independer	nt conti	racto	rs th	at r	eceive	d mo	ore than \$100,000 o	of			
year  (A) (B) (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who													
(A) (B) (C)  Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who				Í			•		· ·				
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who									(B)		_	(C)	
2 Total number of independent contractors (including but not limited to those listed above) who									l .	PUICAS	Com		
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	•	, Check if Schedule O contains a response or i	note to any line in this	s Part VIII	<u> </u>	<u> </u>	<u> </u>
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a	40,477				1
Contributions, Gifts, Grants and Other Similar Amounts	ь						, , , , , , , , , , , , , , , , , , ,
يَّ قِ	c	Fundraising events					
ifts,	d		1				
e, E	е	Government grants (contributions) - 1e	209,637				
<u>e</u> is.	f	All other contributions, gifts, grants,	,				
age He		and similar amounts not included above 1f	150,585		Ì		
d c	g	Noncash contributions included in lines 1a-1f \$					
ŭ≅	h	Total Add lines 1a-1f	. <del> </del>	400,699			
			Business Code				
u Le	2a	Writers for Readers	900099	70,929	70,929		
eve	b						
1C9 F	С						
Se Z	d						
E	e						
Program Service Revenue	f	All other program service revenue	•				
	g	Total. Add lines 2a-2f		70,929		·	
	3	Investment income (including dividends, interest			•		
		and other similar amounts)		24			24
	4	Income from investment of tax-exempt bond prod					
	5	Royalties	1				
		(i) Real	(ii) Personal				
		Gross rents					
		Less rental expenses · · · ·	-				
		Rental income or (loss) · · ·			<u> </u>	<del></del>	
		Net rental income or (loss) · · · · · · ·		·		-	
	7a	Gross amount from sales of assets other than inventory (i) Securities	(II) Other				-
							, it
	D	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)					
nue		Gross income from fundraising				<del></del>	
eni		events (not including \$					
Other Reve		of contributions reported on line 1c)		-			
er		See Part IV, line 18 a					
oŧ	b	Less direct expenses b					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities					]
		See Part IV, line 19 · · · · · · · · a					}
	b	Less direct expenses b		-			
	С	Net income or (loss) from gaming activities .	. <u> </u>				ļ
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory •					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
		All other revenue					
	9	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> </u>	471,652	70,929	0	24

<u>56-1433933</u>

# 18) Orange County Literacy Council Inc. Statement of Functional Expenses Part IX

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

D^ -	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
1	9b, and 10b of Part VIII.		expenses	general expenses	expenses
•	Grants and other assistance to domestic organizations	22 004	22.004		Ŗ
2	and domestic governments. See Part IV, line 21	33,984	33,984		
2	Grants and other assistance to domestic				ħ
•	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,846	51,378	21,797	4,671
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	121,123	112,205	8,918	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,918	2,541	377	
9	Other employee benefits	19,848	17,433	2,415	·
0	Payroll taxes	13,670	10,106	3,017	547
1	Fees for services (non-employees)				<del></del>
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · [				
С	Accounting	15,923		15,923	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
Ī	(A) amount, list line 11g expenses on Schedule O)	143		143	
2	Advertising and promotion	3,790		3,314	476
3	Office expenses	11,456	5,896	3,960	1,600
4	Information technology	7,168	3,300	2,968	900
5	Royalties	.,,100			
6	Occupancy	55,159	48,315	3,974	2,870
7	Travel	5,712	5,007	705	2,070
В	Payments of travel or entertainment expenses	5,112	3,007		
•	for any federal, state, or local public officials	· ·			
_	Conferences, conventions, and meetings		<del></del>		
9 0	Interest	70		70	<del></del>
1	Payments to affiliates	79	<del></del>	79	<del></del>
	_ · ·	701		701	
2	Depreciation, depletion, and amortization	721		721	
3	Insurance	2,574	1,633	941	<del></del>
1	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O )				
а	Educational supplies	23,193	22,676	517	
þ	Professional development	2,999	2,047	952	
С	Instructor stipends	75,286	75,272	14	
d	Facilities and catering	9,534			9,534
е	All other expenses	64		64	
5	Total functional expenses. Add lines 1 through 24e .	483,190	391,793	70,799	20,598
5	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				
	following SOP 98-2 (ASC 958-720)	1			

56-1433933

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 118,316 102,501 1 Cash - non-interest-bearing 41,500 2 41,467 3 3 Pledges and grants receivable, net ......... 24,366 56,822 4 52,586 Accounts receivable, net ................ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . Notes and loans receivable, net 9 Prepaid expenses and deferred charges 6,636 6,636 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D . . . . | 10a 10c 3,236 Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 1,946 11.662 b 11 50,000 53,406 11 12 Investments - other securities | See Part IV, line 11 . . . . . . . . . . . . . . . 12 13 13 Investments - program-related See Part IV, line 11 ...... 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 275,680 283,738 16 46,575 17 42,385 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 -iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L . . . . . . . . . . . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 ......... 46,575 42,385 26 Organizations that follow SFAS 117 (ASC 958), check here 

| X | and | complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 237,163 27 233,295 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 237,163 233,295 33 34

283,738

34

Forn	n 990 (2018) Orange County Literacy Council Inc.	<u>56-14</u>	33933	3	P	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	· <u>1</u>			471,	652
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			183,	190
3	Revenue less expenses Subtract line 2 from line 1	. 3			(11,	538)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4		:	237,	163
5	Net unrealized gains (losses) on investments	. 5			3,	406
6	Donated services and use of facilities	. 6				
7	Investment expenses	- [ 7				
8	Prior period adjustments	. 8			4,:	264
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	_			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		2	233,:	295
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \square$
					Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				,	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					[
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1			}
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				1	
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		$\cdots$	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		[			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>  </u>	3b		
EΑ				Form	990 (2	2018)

EEA

### **SCHEDULE A**

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2018

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Ora	nge	County Literacy Council	Inc.				56-14339	33	
	rt i	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part	) See instruction	is	
The	orgar	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	y one box )		ŧ		
1	Ň	A church, convention of churches, or					$\sim \sim 1$		
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )							
3	Ħ	A hospital or a cooperative hospital se		,		ii).	1)1		
	H	A medical research organization oper	•			=	(A)(iii) Enter the		
4	ш		ateu in conjunction	with a nospital described	i iii Secuoi	1 170(0)(1)	(A)(III). Litter the		
_	_	hospital's name, city, and state	<u> </u>						
5	Ш	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 F	Part Ii )						
6	Ш	A federal, state, or local government of	or governmental uni	it described in section 17	70(b)(1)(A)	(v).			
7	$\boxtimes$	An organization that normally receives	s a substantial part	of its support from a gove	emmental	unit or from	n the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)						
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II )					
9	П	An agricultural research organization	described in sectio	n 170(b)(1)(A)(ix) opera	ted in conju	inction with	n a land-grant college		
-		or university or a non-land-grant colleg							
		university	gg (	,	· · · · · · · · · · · · · · · · · · ·	,	<b>.</b>		
10		An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns membe	ership fees, and gross		
10	ш	receipts from activities related to its ex							
		support from gross investment income		•			om businesses		
		acquired by the organization after Jun							
11	=	An organization organized and operat		•					
12	Ш	An organization organized and operat	ed exclusively for the	he benefit of, to perform t	he function	is of, or to	carry out the purpose	S	
		of one or more publicly supported orga							
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and 1	2g	
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	ipported or	ganızatıon	(s), typically by giving		
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dire	ectors or tr	ustees of the		
		supporting organization You mus	st complete Part IV	/, Sections A and B.					
	b	Type II. A supporting organization	supervised or conf	trolled in connection with	its support	ed organiz	ation(s), by having		
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	ontrol or m	nanage the supported		
		organization(s) You must compl					•		
	_	Type III functionally integrated.			ection with	and functi	onally integrated with		
	С	its supported organization(s) (see		•				•	
		_						-1	
	d	Type III non-functionally integra	–	-					
		that is not functionally integrated					t and an attentiveness	i	
		requirement (see instructions) You	•	·					
	6	Check this box if the organization				a Type I, I	ype II, Type III		
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	nization			1	
	f	Enter the number of supported organization	zations · · · ·		• • • • •				
	g	Provide the following information abou	it the supported org	anization(s)	,				
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-10	listed in you docum	r governing	support (see instructions)	other suppo	
				above (see instructions))	docum	ient,	li istractions)	1130 000	UII3)
					Yes	No			
	-								<b></b> -
(A)									
(B)									
(C)									
		<del></del>			1				
(D)		j			1				
•					-				
(E)									
	_				ļ,			<u> </u>	
Total	}			f	Γ .	Γ,			

56-1433933

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

ndar year (or fiscal year beginning in)	(a) 2014	/b) 2015	(c) 2016	(4) 2017	4-1 2040	(6) T-4-3
, , , , , , , , , , , , , , , , , , , ,	(a) 2014	(b) 2015	(6) 2010	( <b>d)</b> 2017	(e) 2018	(f) Totai
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	267,955	359,379	373,418	391,979	400,699	1,793,430
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3 · · · · · ·	267,955	359,379	373,418	391,979	400,699	1,793,430
The portion of total contributions by						
each person (other than a						
governmental unit or publicly						
supported organization) included on						
· · ·						498,535
						1,294,895
	(=) 2014	(h) 2015	(a) 2016	(d) 2017	(a) 2018	(f) Total
- · · · ·						1,793,430
Gross income from interest, dividends, payments received on securities loans,	267,955	359,379	3/3,418	391,979	400,699	1,793,430
similar sources	73	1,592	73	59	24	1,821
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	656	1,179	1,970			3,805
Total support. Add lines 7 through 10		<del></del>		L		1,799,056
Gross receipts from related activities, etc. (se	e instructions)				12	307,706
organization, check this box and stop here						▶□
	<del></del>			<del></del>	<del>-</del>	
					<del></del>	71.98 %
* * * * * * * * * * * * * * * * * * *						75.04 %
						<b>►</b> ₩
· · · · · · · · · · · · · · · · · · ·						▶ 🛚 🔀
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	membership fees received (Do not include any "unusual grants")	membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3	membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in)  Amounts from line 4  Cross income from increast, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here  Total support percentage for 2018 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2017 Schedule A, Part II, line 14  33 1/3% support test - 2018. If the organization did not check the box on line 13, a box and stop here. The organization qualifies as a publicly supported organization 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13 or 1 this box and stop here. The organization qualifies as a publicly supported organization 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13 or 1 this box and stop here. The organization qualifies as a publicly supported organization 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13 or 1 this box and stop here. The organization meets the "facts-and-circumstances" test Ceptan in Part VI how the organiza	membership fees received (Do not include any "unusual grants")	membership fees received (Clo not include any "unusual grants") 267,955 359,379 373,418 391,979  Tax revenues leveld for the organization's benefit and either paid to or expended on its behalf or expended on tis behalf or expended on the the expendence of the property of the value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 267,955 359,379 373,418 391,979  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (h Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in)    Arguer (or fiscal year)    Arguer (o	membership fees received (Do not include any funususal grants ") 267,955 359,379 373,418 391,979 400,699  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 267,955 359,379 373,418 391,979 400,699  The portion of lotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1 1 1 1 1 1 1.

	edule A (Form 990 or 990-EZ) 2018 Oran	ge County Li	teracy Counc	il Inc.		56	-1433933	Page 3
P	art III Support Schedule for Or							
	(Complete only if you chec						ilify under F	art II
~	If the organization fails to o	qualify under th	e tests listed be	elow, please co	omplete Part II	<u>)                                    </u>		
	ction A. Public Support	T	T	<del></del>				
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,			
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either 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			/				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							<u></u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)	http://	1	46 T 19		*		
Se	ction B. Total Support		<u>,</u>	·				
Cale	endar year (or fiscal year beginning in)	(a) 2014 //	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	f						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b · · · · · · · · / ·							<del></del>
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 org organization, check, this box and stop here							▶ 🗍
Sec	ction C. Computation of Public Su							
	Public support percentage for 2018 (line 8, co				F	15		%
_	Public support percentage from 2017 Schedu				. <u>.</u>	16		%
	ction D. Computation of Investmen			<del></del>				•
	Investment income percentage for 2018 (line					17		%
	Investment income percentage from 2017 Sch				-	18		
19a	33 1/3% support tests - 2018. If the organiza							▶ 🏻
b	33 1/3%/support tests - 2017. If the organiza line 18/is not more than 33 1/3%, check this be							▶ 🛚
20	Private foundation. If the organization did no	t check a box on lin	ne 14, 19a, or 19b, o	check this box and	see instructions -	· · ·		🕨 🔲
ΞĘΑ <sup>ν</sup>	· /	<del></del>				Sc	chedule A (Form 9	990 or 990-EZ) 2018

Part IV Supporting

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)

200	4:0=		A II	<u> </u>		4:	<u> </u>	inations
<b>3</b> ec	uor	I A.	АII	ъu	ppoi	τıng	i Organ	izations

- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- 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)
- 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
1	-	
		1
2		
3a		
3b		
- 55		[]
3c	ļ	1
36	<del> </del>	<del>                                     </del>
4-	<u> </u>	<u> </u>
4a	<b>├</b>	<u> </u>
4b	<u> </u>	
:		
4c		
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9c	<b></b> -	
10a		
	J	
10b		

Pa	irt IV Supporting Organizations (continued)			
	•		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			(
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			,
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		<u></u>	لــــــــــــــــــــــــــــــــــــــ
000	supervised, or controlled the supporting organization	2_		L
Sec	tion C. Type II Supporting Organizations		I	- N -
4	Management of the comment of the description of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
202	the supported organization(s) tion D. All Type III Supporting Organizations			<u> </u>
	tion b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ľ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	—	
				1.1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			.
	significant voice in the organization's investment policies and in directing the use of the organization's		,	ľ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	:	1	٠
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns)	
а	☐ The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	e ins	tructio	ons)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ŀ	i	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	
		76	- 1	
_	activities but for the organization's involvement.	2b	-+	<del></del>
	Parent of Supported Organizations Answer (a) and (b) below.	20		
	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Parent of Supported Organizations Answer (a) and (b) below.	3a		

Schedule A (Form 990 or 990-EZ) 2018 Orange County Literacy Council Inc. 56-1433933 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 ..... 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

56-1433933

Tart v   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
-Sec	Current Year					
_1_	Amounts paid to supported organizations to accomplish exe	<del></del>				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		1		
	organizations, in excess of income from activity					
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions			
_4_	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
<u>6</u>	Other distributions (describe in Part VI) See instructions		·	<u> </u>		
_7_	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	e organization is respons	ive			
	(provide details in Part VI). See instructions	<u> </u>				
_9_	Distributable amount for 2018 from Section C, line 6	···				
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
_1_	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI) See					
	ınstructions					
_3_	Excess distributions carryover, if any, to 2018					
	From 2013		·			
	From 2014			<u>-</u>		
	From 2015			<u></u>		
	From 2016					
	From 2017		· · · · · · · · · · · · · · · · · · ·			
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2018 distributable amount					
i_	Carryover from 2013 not applied (see instructions)		;	<u> </u>		
<u>_i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			l		
4	Distributions for 2018 from		<u>'</u>	ን ፡ 		
	Section D, line 7 \$					
	Applied to underdistributions of prior years					
	Applied to 2018 distributable amount					
	Remainder Subtract lines 4a and 4b from 4		·			
5	Remaining underdistributions for years prior to 2018, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions.					
6	Remaining underdistributions for 2018 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions					
7	Excess distributions carryover to 2019 Add lines 3j and 4c					
8	Breakdown of line 7					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

Schedule A (For	n 990 or 990-EZ) 2018			Page 8
,Part VI.	Supplemental Information. F III, line 12, Part IV, Section A, I B, lines 1 and 2, Part IV, Section	lines 1, 2, 3b, 3c, 4b, 4c, 5 on C, line 1, Part IV, Sectio	a, 6, 9a, 9b, 9c, 11a, 11b, in D, lines 2 and 3, Part I	and 11c, Part IV, Section  V, Section E, lines 1c, 2a, 2b,
•	3a, and 3b, Part V, line 1, Part lines 2, 5, and 6 Also complete	V, Section B, line 1e, Part e this part for any additiona	V, Section D, lines 5, 6, a la information (See instru	and 8, and Part V, Section E, ctions).
				:
	<del></del> -	·	-	
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<u></u>	<del></del>	<del> </del>		
		•		
<u></u>				

# SCHEDULE D

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.

Name of the organization

Inspection

OMB No 1545-0047

2018

Open to Public

Employer identification number

Orange County Literacy Council Inc. 56-1433933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (dunng year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) 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 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ..... Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 

	1			1					
ched	dule D (Form 990) 2018 Orange County Lite	eracy Counc	il Inc				56-143	3933	Page 2
	rt III Organizations Maintaining Coll	ections of A	rt, Histo	rical Tre	asures,	or Othe	r Similar As	sets (contin	ued)
3	Using the organization's acquisition, accession, and	other records, ch	neck any of	the following	ng that are a	significar	nt use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or excha	nge prograr	ms				
b	Scholarly research	e 🗌 Oth	er						
С	Preservation for future generations								
4	Provide a description of the organization's collections	and explain ho	w they furth	er the orga	nızatıon's ex	cempt pur	pose in Part		
	XIII								
5	During the year, did the organization solicit or receive	donations of ar	t, historical	treasures,	or other sim	ılar		_	_
	assets to be sold to raise funds rather than to be mai		of the organ	ization's co	llection?			· · U Yes	No
Pa	rt IV Escrow and Custodial Arrangen								
	Complete if the organization answ	ered "Yes" o	n Form 9	90, Part	IV, line 9,	or repo	orted an amoi	int on Form	
	990, Part X, line 21				<del></del>				
1a	Is the organization an agent, trustee, custodian or other	ner intermediary	for contribu	itions or oth	ier assets no	ot			
	included on Form 990, Part X?							· · U Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and con	plete the follow	ng table						
		•				-	AI	nount	<del></del>
C	Beginning balance					· · 1c	-		
d	ridament daming the year			• • • • •		· · 1d	-		
e	Distributions during the year					16 1f	_		
f	Ending balance		· · · · ·				٠	· · · Tyes	No
2a	Did the organization include an amount on Form 990							🖂 163	
	If "Yes," explain the arrangement in Part XIII Check In tV Endowment Funds.	nere if the explai	nation has	been provid	ed on Part /	<u> </u>		• • • • • •	<u>·⊔</u>
aı	Complete if the organization answer	ered "Yes" o	Form 9	90 Part	IV line 10	1			
		a) Current year	(b) Pri		(c) Two years		(d) Three years back	(e) Four year	rs hack
12	Beginning of year balance	Gurrent year	(0) FI	or year	(c) Iwo years	3 Dack	(u) Three years back	(b) I dai year	<u> </u>
h	Contributions		<del>                                     </del>					1	·
c	Net investment earnings, gains, and								
·	losses · · · · · · · · · · · · · · · · ·					İ			
d	Grants or scholarships								
e	Other expenditures for facilities and						-		
·	programs		1						
f	Administrative expenses		-						
g	End of year balance	<del> </del>				Ť			
2	Provide the estimated percentage of the current year	end balance (lin	e 1g, colur	nn (a)) held	as			1	
а	Board designated or quasi-endowment	%	•	,					
b	Permanent endowment > %	<del></del>							
С	Temporanly restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should equa	1 100%							
За	Are there endowment funds not in the possession of	the organization	that are he	ld and adm	inistered for	the			
	organization by							Yes	s No
	(i) unrelated organizations							- 3a(i)	
	(ii) related organizations							· 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations lis	ted as required o	on Schedul	e R? · · ·				. 3b	
1	Describe in Part XIII the intended uses of the organiz		ent funds						
Pai	rt VI Land, Buildings, and Equipment		<b>.</b> -				E 000 E	-4 V 1 4 <b>5</b>	
	Complete if the organization answer	ered "Yes" or	Form 9	90, Part	ıv, ıme 11	a See	Form 990, Pa	art X, line 10	
	Description of property	(a) Cost or oth		(b) Cost or		l ''	ccumulated	(d) Book valu	ie
		(investme	ent)	(ot	her)	de <sub>l</sub>	preciation		
la	Land	·				<u> </u>		_	
þ	Buildings	·							
C	Leasehold improvements	·							

Part VII	Investments - Other Securitie		ant IV line 44h Coo Form 000 Bort V line 42
	Complete if the organization an	swered res on Form 990, Pa	art IV, line 11b See Form 990, Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial of			
• •	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	· · · · · · · · · · · · · · · · · · ·		
(G)	·		<del></del>
(H)			
	must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Relate		
			rt IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1)			Cost of the or your market value
(2)			
(3)			
(4)			
(5)	<del></del>		· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9)			
	must equal Form 990 Part X col. (B) line 13.)		
Part IX	other Assets.		
	Complete if the organization ans	swered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col (B) li	ne 15)	
Part X	Other Liabilities.		
	Complete if the organization and	swered "Yes" on Form 990, Par	rt IV, line 11e or 11f. See Form 990, Part X,
	line 25	·	
1.	(a) Description of liability	(b) Book value	
(1) Federal in		1.,	1
(2)			1
(3)			
(4)			,
(5)			†
(6)			
(7)			†
			·
(8)			
(9)			-
	nust equal Form 990, Part X, col (B) line 25)	the tout of the feature to the access	an's financial statements that reports the
	incertain tax positions. In Part XIII, provide		
organization's li	ability for uncertain tax positions under FIN	40 (ASC (40) Check here it the text of	f the footnote has been provided in Part XIII $\cdots \cdots \cdots$

Sched	lule D (Form 990) 2018 Orange County Literacy Council Inc.	56-1433933	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_
	Net unrealized gains (losses) on investments		
a			•
þ	Donated services and use of facilities		•
С	Recovenes of pnor year grants	<del></del>	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	<u>2e</u>	····
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	· · · 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
4	Total expenses and losses per audited financial statements	1	
1	·	· · ·   ·   · · · · · · · · · · · · · ·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	,	
d	Other (Describe in Part XIII )		
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	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	,	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information.	<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line	4 Part X line	
	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	,	
.,	interior and to, and tale the interior and the visco complete time participation and an animalism.		
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Schedule D (Form 990) 2018

% ⊠ (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 to support Inspection 2018 Literacy ∏ Yes Jam11y Employer Identification number 56-1433933 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance Go to www.irs.gov/Form990 for the latest information. 33,984 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(c)(3)General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 56-2011661 (p) EIN Orange County Literacy Council Inc. 2000 Chapel Hill Rd, Ste 26A (a) Name and address of organization (1)El Centro Hispano or government Durham, NC 27707 Department of the Treasury Name of the organization Internal Revenue Service SCHEDULE (Form 990) Part Part 60 3 9 6 3 <u>@</u> € 3 <u>®</u>

Schedule I (Form 990) (2018)

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

Page 2 (f) Description of noncash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed 56-1433933 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Orange County Literacy Council Inc. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018)

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<ol> <li>Part III, column (b), and any other additional information.</li> </ol>						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		•				
Partiv						

Schedule I (Form 990) (2018)

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## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

the minutes for that meeting.

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

OMB No 1545-0047

Inspection 😭

Employer identification number Name of the organization Orange County Literacy Council Inc. 56-1433933 01. Committee meeting documentation (Part VI, line 8b) Minutes and e-mail correspondence are maintained for full Board of Directors meetings. No minutes are kept for Executive Committee meetings 02. Form 990 governing body review (Part VI, line 11) The Form 990 is approved by the Executive Director, Treasurer, and Finance Committee prior to filing. Copies are available upon request to Board members. 03. Conflict of interest policy compliance (Part VI, line 12c) Board members and employees are expected to disclose any actual or potential conflicts of interest at the first available opportunity. The conflict of interest policy is signed and

04. CEO, executive director, top management comp (Part VI, line 15a) The full Board completes a performance review form for the Executive Director and the comments are compiled and forwarded to the Executive Committee for review. The Executive Committee then makes a recommendation on any change in compensation of the Executive Director. The recommendation is sent to the full Board for a vote

updated annually. The Organization attempts to make sure that anyone with a conflict

abstains from discussion and voting on matters related to that conflict. This is noted in

05. Governing documents, etc, available to public (Part VI, line 19) Requests for governing documents, conflict of interest policy, and financial statements are provided upon request if not already available on the Organization's website. These documents are provided to funders on a regular basis as part of the proposal process. An

Name of the organization	<del> </del>	Employer identification number
Orange County Literacy Council Inc.		56-1433933
annual report is also sent to all donors.		
<b>;</b>	i r	
06. General explanation attachment		
Part I, Summary Statement and Part III, Organization's Mission:		
		_
To help adults reach their education, employment and life goals by prov	ridino	g free,
flexible instruction in reading, writing and basic math, English langua	ige ar	nd computer
skills. The Council helps adults to prepare to take the GED, other high	scho	ool equivalency
Skills. The council helps addits to prepare to take the obb, other high	r_scre	<u> </u>
tests, the Naturalization Test and to transition to further education of	r jok	DS
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		<del>-</del>
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Schedule O (Form 990 or 990-EZ) (2018)