Return of Organization Exempt From Income Tax

2016

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2016 calend	ar year, or tax year beginning , 2016, and e	nding		, 20		
B Check if applicable C Name			C Name of organization Learn to Read Council of Athens & L			D Employer identification no		
$\overline{}$	Address	• •	Doing business as			63-0983470		
=	Name ch	=	Number and street (or P O box if mail is not delivered to street address)	Room/suite E Telephone number				
一	Initial retu	-	110 Thomas Street	115	s I	(256)230-3050		
Ħ		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	-1		83,929		
Ħ	Amended		Athens, AL 35611			G Gross receipts\$		
H		on pending	F Name and address of principal officer RHONDA ANDREWS	H(a) is	this a group return f	ि हिंग		
_	пррпоси	on pending	306 Christine Street, Athens, AL 35611	1 ` ′	re all subordinate			
	Tay even	npt status X	501(c)(3)			a list (see instructions)		
		⊳ N/A	301(0)(a) action of the action and action ac	H(c)	Group exemption	•		
			Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation ☐	1988	M State of leg			
	ert i	organization <u>X</u> Summar		.,,,,,	in oldic or leg	ar dominine 1122		
			y ribe the organization's mission or most significant activities To teach adults	to re				
	1			10 16				
çe			English to non-native speakers					
au		Tutor re	ading and math skills to children					
err								
Activities & Governance	2		nox ► ☐ if the organization discontinued its operations or disposed of more than 25%	of its net i	1	1		
æ	3		oting members of the governing body (Part VI, line 1a)		3	10		
ies	4		ndependent voting members of the governing body (Part VI, line 1b)		4	10		
Ĭ	5		er of individuals employed in calendar year 2016 (Part V, line 2a)		5	5		
Act	6	Total number	er of volunteers (estimate if necessary)		6	123		
•	7a	Total unrelat	ted business revenue from Part VIII, column (C), line 12 .		7a	0		
<u>-</u>	b	Net unrelate	d business taxable income from Form 990-T, line 34		7b	0		
- - -				Pr	rior Year	Current Year		
•	8	Contribution	s and grants (Part VIII, line 1h) rvice revenue (Part VIII, line 2g) income (Part VIII, column (A), lines 3, 4, and 70)		98,62	83,895		
e e	9	Program sei	1,04	15 0				
। ਸਾ। Revenue	10	Investment (3	34				
E S	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1/19)		0			
	12	Total revenu	ie - add lines 8 through 11 (must equal Part VIII, column (A), line 32)203-		99,69	83,929		
Expenses Expenses	13		similar amounts paid (Part IX, column (A), lines 1-3)			0		
氢	14		d to or for members (Part IX, column (A), line 4)			0		
3	15		ner compensation, employee benefits (Part IX, column (A) Fines 5 10) 7		43,34	45,173		
	16a		I fundraising fees (Part IX, column (A), line 11e)			0		
<u>w</u> =	' b		using expenses (Part IX, column (D), line 25) ► 243					
X	17		uses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,13	52,340		
	1 ''	•	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		87,48			
	19		ss expenses Subtract line 18 from line 12		12,2			
_		Tievende lee	S expended Cabitate into 10 incin line 12	Reginning	of Current Year			
Net Assets or	20	Total accets	(Part X, line 16)	Jeginning	79,83	<u> </u>		
sse	E 20		es (Part X, line 26)		1,37	-		
det A	5 2		· · · · · · · · · · · · · · · · · · ·		78,46			
			or fund balances Subtract line 21 from line 20		10,40	04,073		
	art II		IFE Block relate that I have examined this return, including accompanying schedules and statements, and to the best of m	v knowleda	and belief it is			
true	e, correct,	and complete De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge					
	_		Planda			3-29-2017		
e:			da Andrews Khonda I. Undrewo		L Da			
Siç		,	re of officer		Ua			
He	re		de Andrews, Executive Director					
		Type or	print name and title	· · · · · ·				
		Print/Type pr	eparer's name Preparer's signature Date	0	Check if	PTIN		
Pa			S LOGAN		self-employed	P00008126		
Pr	epare	Firm's name		Firm s El	N >			
Us	e Onl	y Firm's addres	ss ► POST OFFICE BOX 549,309 N MARATON ST	Phone n	0	(
			Athens AL 35611		256-	232-2713		

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form 990 (2016)

X Yes No

63-0983470

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"]	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_	- (17
_	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III .	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ł	Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		Λ_
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10	-	
• •	VII, VIII, IX, or X as applicable	į		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"		ĺ	
	complete Schedule D, Part VI	11a	Х	
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		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16 ⁷ If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a		<u>X</u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			17
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{X}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		Λ_
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		- 11
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		X

Form	990 (2016) Learn to Read Council of Athens & L	63-0983470	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 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," complete Schedule J	23	'	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		!	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	·		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30	ĺ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301 7701-2 and 301 7701-3 ⁹ If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		 -	
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ł	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335	-	
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	$\vdash \neg$	 '`
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		[
	Part VI	37	-	X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		1
38		38	X]
	19? Note. All Form 990 filers are required to complete Schedule O	38	1 43	1

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		17
	account)?	4a	-	X
þ	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)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter		}	
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	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			
	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b	120		
b	in res, enter the amount of tax exempt interest reserved and any	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		<u> </u>	
L				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	in 100, that it mod a form the to report most payments in 100, provide an expension of the second	Form	990	(2016)

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

7

Sec	tion A. Governing Body and Management				
			r 	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	0		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O		-		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 1	0		
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		X
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	!	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	1?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	-	X
6	Did the organization have members or stockholders?		6	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				v
	one or more members of the governing body?		7a	-	X
р	Are any governance decisions of the organization reserved to (or subject to approval by) members,		76		Х
	stockholders, or persons other than the governing body?		7b	ļ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following		80	Х	
a	The governing body?		8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?		80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		9		Х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	nde l	<u> </u>	<u> </u>	11
360	HOIT B. FORCIES (This Section & Tequesis information about policies not required by the internal revenue of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		100		
	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 filling	a the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3		1	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
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	X	<u> </u>
	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	ļ	<u> </u>
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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► Alabama			_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	601(c)(3)s only)			
	available for public inspection Indicate how you made these available. Check all that apply				
	Own website Another's website Upon request Uother (explain in Schedule C				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest 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 rec	ords >			
	RHONDA ANDREWS (256)230-3050, 306 Christine Street, Athens, AL 35611				(2016)

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orm	990	1201	6)

63-0983470

Page 7

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

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

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

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

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

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

				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	, ,				han one is both ai	n	Reportable	Reportable	Estimated
	hours per					r/trustee)		compensation	compensation from	amount of
	week (list any hours for							trom the	related organizations (W-2/1099-MISC)	other compensation
	related	or d	Insti	Officer	ey	en and High	Forme	organization		from the
	organizations below dotted	Individual trustee or director	tutio	ğ	Key employee	lest	ner	(W-2/1099-MISC)		organization and related
	line)	or fa	naltr		loye	e omb			;	organizations
		štee	nstitutional trustee		Œ	Highest compensated employee				
			°			med		!		
(1) LORI WILSON	3.00						_			<u> </u>
PRESIDENT		Х		Х		. 1		(	0	o
(2) PATRICIA HATCHETT	3.00									
VICE PRESIDENT		Х		Х				(	o	o
(3) JEREMY BLACKBURN	5.00									
TREASURER		X		X					0	O
(4) HAZEL WHITE	2.00									
DIRECTOR		Х						(	0	0
(5) OLA STEELE	2.00							•		
DIRECTOR		X							0	0
(6) MARIA TAYLOR	2.00									
DIRECTOR		Х							0	0
(7) JOAN ORMON	2.00	.,								_
DIRECTOR		Х							0	0
(8) CHERRY ANNE WARD	2.00	17								_
DIRECTOR	2 00	Х							0	0
(9) BUNNI WHEELER	2.00	х							0	
DIRECTOR	2.00	Λ								00_
(10)CHRISTINE_HOWARDDIRECTOR	- 2:00	Х							0	0
(11)RHONDA ANDREWS	30.00	Λ.								· · · · · · · · · · · · · · · · · · ·
EXECUTIVE DIRECTOR	30.00			X				23,836	0	o
(12)				21				23,830		
\' <del>-</del> '										
(13)										
(14)										

Page 8

Pan	VII   Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ina r	nign (C		Comp	ens	ated Employees (	continuea)	Τ		
	(A)	(B)	(do n	ot che	Posi ck m		an one		(D)	(E)	ļ _	(F)	
	Name and title	Average hours per	- I box unless person is both an						Reportable compensation	Reportable compensation from		stimated nount of	
		week (list any hours for	or di	Insti	Officer	Key	High	Former	from the	related organizations		other pensatio	ın
		related organizations	ndual t	utiona	ĕ	Key employee	est co loyee	ner	organization (W 2/1099-MISC)	(W-2/1099-MISC)	org	rom the	
		below dotted line)	Individual trustee or director	nstitutional trustee		yee	Highest compensated employee				1	d related anization	
				8			sated						
<u>(15)</u>													_
<u>(16)</u>													
<u>(17)</u> _													
<u>(18)</u>													
<u>(</u> 19)_													
<u>(20)</u>												_	
(21)_													
(22)													
(23)													
(24)_													
(25)_													
1b	Sub-total	1	1					<b>&gt;</b>					
c	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	on A						<b>&gt;</b>	23,836	0			0
d 2	Total number of individuals (including but not limited	to those list	ed abo	ve) v	who	rece	eived r	nore		1			
	reportable compensation from the organization									0		ı	,
3	Did the organization list any former officer, director	or trustee k	ev em	nlov	ee (	or hi	ahest	com	nensated			Yes	No
3	employee on line 1a? If "Yes," complete Schedule				00, (	,	gricot	00111	ponoatod		3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than individual	\$150,000? If	"Yes,	" con	npie	ie S	cneau	ie J	for sucn		4		Х
5	Did any person listed on line 1a receive or accrue c	ompensation	from	any (	unre	lated	d orga	nızat	tion or individual				
Cost	for services rendered to the organization? If "Yes," of ion B. Independent Contractors	complete Scl	hedule	J fo	rsuc	ch p	erson			··· — -	5	<u> </u>	Х
1	Complete this table for your five highest compensate	ed independ	ent co	ntrac	tors	that	receiv	/ed i	more than \$100,00	0 of			
	compensation from the organization Report compe	=											
	(A)	-			-			-	(B)	1		(C)	
	Name and business address								Description of	services	Com	pensation	1
												_	
			<del></del>										
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) v	vho			,		

•	Check if Schedule O contains a response or note to any line in this Part VIII									
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514	
- ω <u>ω</u>	1a	Federated campaigns		1a	21,973					
ant	b	Membership dues		1b	•					
A G	С	Fundraising events		1c	3,669					
ar,	d	Related organizations		1 <b>d</b>			+			
si, C	е	Government grants (contributi	ons)	1 e	12,500					
ter (	f	All other contributions, gifts, gi	ants,					-		
들 돌 돌		and similar amounts not include	led above	1f	45,753				-	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	d in lines 1a-1f	\$						
	h	Total. Add lines 1a-1f			<b>&gt;</b>	83,895				
					Business Code					
Program Service Revenue	2a	SPANISH LESSONS		_	611600					
Reve	b			_						
/ice	С			_						
Ser	d			_			_			
ran	е									
go '	f	All other program service rever	nue							
	g	Total. Add lines 2a-2f						<del></del>	<u> </u>	
	3	Investment income (including of	lividends, intere	est,						
		and other similar amounts)			. •	34	34			
	4	income from investment of tax-	exempt bond p	roc	eeds . ▶				<u> </u>	
	5	Royalties	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<del> </del>	ļ	
			(ı) Real		(ii) Personal					
	l	Gross rents								
	l	Less rental expenses								
	l	Rental income or (loss)								
	d	Net rental income or (loss)			<u> </u>					
	7a	Gross amount from sales of	(i) Securities		(ii) Other	-				
	}	assets other than inventory	-							
	þ	Less cost or other basis				-				
	_	and sales expenses								
	l	Gain or (loss)	L		 . ▶	1				
Φ	l	Net gain or (loss) Gross income from fundraising								
Other Revenue	Od	events (not including \$	3,669	,			,			
Š		of contributions reported on line								
P.		See Part IV, line 18	, 10)	а						
Ě	۱	Less direct expenses		b						
J		Net income or (loss) from fund	raisina events	-	<b>•</b>					
	1	Gross income from gaming act	-							
	34	See Part IV, line 19	141100	а						
	b	Less direct expenses		b						
		Net income or (loss) from gam	ing activities	_	. •		•			
	ł		5							
	Iva	Gross sales of inventory, less returns and allowances		а		Ļ				
	ь	Less cost of goods sold		b						
	l	Net income or (loss) from sales	s of inventory		. >				1	
		Miscellaneous Revenue			Business Code					
	11a									
	ь			_						
	С			_						
	d	All other revenue		_						
	e	Total. Add lines 11a-11d			<b>•</b>					
	12	Total revenue. See instruction	s		<u> </u>	83,929	_ 34		d c	
									Form 000 (0016)	

Form 990 (2016)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co		ations must complete of	column (A)	
	Check if Schedule O contains a response or note to				
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9l	o, and 10b of Part VIII.	Total onponed	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic		[		
	ındıvıduals 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,			4 565	
	trustees, and key employees	23,836	19,069	4,767	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			2 (25	
7	Other salaries and wages	18,127	14,502	3,625	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 010	2 500	642	
10	Payroll taxes	3,210	2,568	042	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2 725		3,725	
C	Accounting	3,725		3,123	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	-			
T	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g					
10	(A) amount, list line 11g expenses on Schedule O )				
12 13	Advertising and promotion  Office expenses	2,831	2,265	566	
14	Information technology	1,923	1,538	385	·-·
15	Royalties .	2,720			
16	Occupancy	11,400	9,120	2,280	
17	Travel	255	204	51	
18	Payments of travel or entertainment expenses				
, 0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,228	1,228		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,043	3,043		
23	Insurance	1,534	1,227	307	
24	Other expenses ltemize expenses not covered	·			
-	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	BOOKS & SUPPLIES	13,887	11,110	2,777	
b	OTHER	4,971	3,790	938	243
c	PROFESSIONAL FEES	7,543	7,543		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	97,513	77,207	20,063	243
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if				

Page 11

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 52,250 70,366 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 5,000 4 7,500 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net 7 8 Inventories for sale or use 579 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 24,710 10b 17,180 3,890 10c 7,530 Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 79,835 16 67,280 16 Accounts payable and accrued expenses 1,372 17 17 2,401 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 1,372 26 2,401 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 78,463 27 47,451 27 Unrestricted net assets 28 28 Temporarily restricted net assets 17,428 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 78,463 64,879 33 Total net assets or fund balances 79,835 67,280 34 Total liabilities and net assets/fund balances 34

	1 990 (2016) Learn to Read Council of Athens & L	63-098	3470	Pa	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		83,	929
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,	513
3	Revenue less expenses Subtract line 2 from line 1	3		(13,	584)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78,	463
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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		64,	879
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
<b>2</b> a	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		X
	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			j	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ţ	
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form 990 (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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 charitable trust

▶ Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/torm990. Employer identification number

Inspection

Lear	'n	to Read Council of Athen	s & L				63-09834	70
Par	t I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part	.) See instruction	s
The o	rgai	nization is not a private foundation beca	ause it is. (For lines	1 through 12, check onl	y one box )	)		
	Ō	A church, convention of churches, or						
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))			
3		A hospital or a cooperative hospital se				iii).		
	Ī	A medical research organization oper	ated in conjunction	with a hospital described	d in section	n 170(b)(1	)(A)(III). Enter the	
	_	hospital's name, city, and state	•	·				
5		An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernment	al unit described in	
-	_	section 170(b)(1)(A)(iv). (Complete		, ,	, ,			
6	П	A federal, state, or local government	•	ut described in section 1	70(b)(1)(A	)(v).		
	X	An organization that normally receive	•				n the general public	
•		described in section 170(b)(1)(A)(vi)					<b>.</b>	
8	П	A community trust described in section	•					
	ă	An agricultural research organization			ited in coni	unction wil	th a land-grant college	•
•	_	or university or a non-land-grant colle			-			
		university	gg (-		- · · · · · · · · · · · · · · · · · · ·	,,	<b></b>	
10		An organization that normally receive	s (1) more than 33	1/3% of its support from	contribution	ns, memb	ership fees, and gros	S
	_	receipts from activities related to its e		• • •			· -	
		support from gross investment incom						
		acquired by the organization after Jur		,				
11	П	An organization organized and operat				-		
	ŏ	An organization organized and operation	•	•			carry out the purpos	es
-	_	of one or more publicly supported org	-	•				
		Check the box in lines 12a through 12	•				• • • •	
	а	Type I. A supporting organization				•		•
	_	the supported organization(s) the	•			•		<b>.</b>
		supporting organization You mu		• •	•			
	b	Type II. A supporting organization	•		n its suppoi	rted organi	zation(s), by having	
		control or management of the sur	oporting organization	on vested in the same pe	rsons that	control or i	manage the supported	d
		organization(s) You must comp	lete Part IV, Section	ons A and C.			-	
	С	Type III functionally integrated.	. A supporting orga	nization operated in conf	ection with	, and func	tionally integrated with	٦,
		its supported organization(s) (see	e instructions). You	must complete Part IV	, Sections	A, D, and	E.	
	d	Type III non-functionally integr	ated. A supporting	organization operated in	connection	n with its si	upported organization	(s)
		that is not functionally integrated	The organization g	jenerally must satisfy a d	stribution	requiremei	nt and an attentivenes	SS
		requirement (see instructions) Ye	ou must complete	Part IV, Sections A and	d D, and P	art V.		
	e	Check this box if the organization	received a written	determination from the II	RS that it is	s a Type I,	Type II, Type III	
		functionally integrated, or Type III	I non-functionally in	itegrated supporting orga	nızatıon			
	f	Enter the number of supported organ	ızatıons					
	g	Provide the following information about	ut the supported or	ganızatıon(s)				
	(1	) Name of supported organization	(ii) EIN	(III) Type of organization	(IV) is the o	•	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)
				acces (acc manacinomo))				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					Yes	No		
(۸)								
(A) 					ļ			
(B)							1	
(C)								
<del></del> _								
יטי								
(D) 					-			
(F)								
(E)				ļ		ļ		
Total			1	1	Į.	1		

Learn to Read Council of Athens & L 63-0983470 Page 2 Schedule A (Form 990 or 990-EZ) 2016 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (b) 2013 (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 77,681 96,420 89,212 99,698 76,352 439,363 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 77,681 96,42d 89,212 99,698 439,363 76,352 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 4 439,363 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 77,681 96,420 89,212 99,698 76,352 439,363 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 26 30 31 32 34 153 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 439,516 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 14 99.97 Public current percentage from 2015 Schodule A. Bort II. Inc. 14 99.97 % X

13	Public support percentage from 2015 Schedule A, Part II, line 14 .	15	99
16a	33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che	eck this	
	box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more	e, check	
	this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 1	4 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai	n in	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support	orted	
	organization		
b	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and I	line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.		
	Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a pub	dicty	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

EEA

instructions

18

supported organization . .

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Part III

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

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

Sec	tion A. Public Support				- 1 1			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 20	016	(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							
	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 Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)	,						
Sec	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)(3	)		▶ □
Se	ction C. Computation of Public Su							
15	Public support percentage for 2016 (line 8, co			<b>(f)</b> )		15		%
16	Public support percentage from 2015 Schedu					16	_	<u> %</u>
Sec	ction D. Computation of Investme					47		
17	Investment income percentage for 2016 (line			olumn (f))		17		%
18	Investment income percentage from 2015 Sc					18		%
	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here</b> . Th	ne organization qua	alifies as a publicly	supported organizat	ion		▶ 🗌
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	<ul><li>The organization</li></ul>	n qualifies as a pub	olicly supported organ	1/3%, ar nization	nd	<b>&gt;</b> []
20_	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		chedule A (	P [

Part IV **Supporting Organizations** 

(Complete only if you checked a box in line 12 of 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.)

Sect	ion A. All Supporting Organizations			
		]	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2	i	
0-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del>-</del> -		
Ja		3a	Ī	
	(b) and (c) below	- Ja		_
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		ļ	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1 25		1
	organization made the determination	3b		ļ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ļ	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ju	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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		İ	
	was accomplished (such as by amendment to the organizing document).	5a		1
	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju	<del> </del>	<del> </del>
D		5b	İ	
	designated in the organization's organizing document?	5c	-	+
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30	<u> </u>	+
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (ı) its supported organizations, (ıı) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	<del> </del>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	<del> </del>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	ļ
9a			1	
	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 <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b>	9c		
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section			
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a		
	supporting organizations)? If "Yes," answer 10b below.	1.00	<del> </del>	+
b		10b		
	determine whether the organization had excess business holdings )	<u>, , ob</u>	<u>' L </u>	

Pa	t IV   Supporting Organizations (continued)	<del></del>		
		_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	ŀ		:
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	<u></u>	1a		
		1b		
$\overline{}$	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 tion B. Type I Supporting Organizations	1c	ļ	
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		į
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	į		į
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			Į
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			į
		2		İ
Sec	tion C. Type II Supporting Organizations	<u></u> -	J	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			İ
	or management of the supporting organization was vested in the same persons that controlled or managed			į
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			į
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			İ
		2		l
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			į
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			İ
		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 instru	uct	ions)	
а	☐ The organization satisfied the Activities Test. Complete line 2 below		,	
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e in.	struct	ions)
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			
	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	- 1		į
	reasons for the organization's position that its supported organization(s) would have engaged in these			İ
	activities but for the organization's involvement	<u> </u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			I
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		ı
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	J		

	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust d	on Nov. 20, 1970 (explan	n in Part VI) See
	instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	structions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ictors (explain in detail in Part VI).			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions)	6		

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

instructions)

	t V Type III Non-Functionally Integrated 509(a)(3		ations (continued)	
	tion D - Distributions	·/		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	•		
6	Other distributions (describe in Part VI). See instructions.			
7				
8	Distributions to attentive supported organizations to which th	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9				
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1			·	
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI) See			
	instructions			
_3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
-	From 2014			
	From 2015 .		·····	
_	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
_	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		······································	
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c.			
_	Breakdown of line 7			
a	Excess from 2013		*	
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016	1		ł

### SCHEDULE D (Form 990)

## **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.

2016

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6  (a) Donor advised funds  (b) Funds and other accounts  (a) Donor advised funds  (b) Funds and other accounts  (c) Funds and other accounts  (d) Funds and other accounts  (e) Funds and other accounts  (f) Funds and other accounts  (g) Donor advised funds  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts  (h) Funds and other accounts	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6  (a) Donor advised funds (b) Funds and other accounts  Total number at end of year  Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  Part II Conservation Easements.	
(a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  7 Yes  Part II Conservation Easements.	
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  Part II Conservation Easements.	
Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  Part II Conservation Easements.	
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  Part II Conservation Easements.	
funds are the organization's property, subject to the organization's exclusive legal control?  Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  Part II Conservation Easements.	
Did-the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.	_
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.	∐ No
conferring impermissible private benefit?  Part II Conservation Easements.	
Part II Conservation Easements.	п
······································	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e g , recreation or education)  Preservation of a historically important land area  Preservation of 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	
2 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	Vear
a Total number of conservation easements	100
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	
tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
<u> </u>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	п.,
and section 170(h)(4)(B)(ii)?	∐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements  Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Schedu	ule D (Form 990) 2016 Learn to Read Co	ouncil of Ath	nens &	L			63-098	334/0	Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Histo	orical Tre	easures, d	or Othe	r Similar As	sets (continu	ıed)
3	Using the organization's acquisition, accession, a	nd other records, cl	heck any	of the follow	ring that are	a significa	ant use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loar	n or excha	ange progra	ıms				
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collecti	ons and explain ho	w they fur	ther the org	janization's e	exempt pu	irpose in Part		
	XIII								
5	During the year, did the organization solicit or rece	eive donations of ar	t, historica	al treasures	, or other sir	milar			
	assets to be sold to raise funds rather than to be	naintained as part o	of the orga	anızatıon's d	collection?			☐ Yes	☐ No
Pai	t IV Escrow and Custodial Arrange			,			_		
	Complete if the organization ans	wered "Yes" or	n Form	990, Part	IV, line 9	, or rep	orted an amo	ount on Form	
_	990, Part X, line 21.					-			
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contril	butions or o	ther assets	not			
	included on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table						
		•	J			[	Α	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance	•	•	•		1f	-		
2a	Did the organization include an amount on Form 9	190 Part X line 21	for escro	w or custod	lial account l			Yes	No
	If "Yes," explain the arrangement in Part XIII Che								
	t V Endowment Funds.	on tiere ii are expla	ination na	o been pier	tada dirir dir	. 73.11		_	
	Complete if the organization ans	wered "Yes" or	n Form	990 Part	IV line 1	0			
	Complete in the organization and	(a) Current year	T	or year	(c) Two year		(d) Three years bad	ck (e) Four year	e back
1a	Beginning of year balance	(a) Culton year	(5)	ior your	(c) The year	3 back	(d) Tribe years bac	(e) rouryear	3 Dack
b	Contributions							<del></del>	
								-	
C	Net investment earnings, gains, and			'					
	Grants or scholarships								
a	· · · · · · · · · · · · · · · · · · ·								
e	Other expenditures for facilities and								
	programs .				·· · · · · · · · · · · · · · · · · · ·		<del></del>		
f	Administrative expenses .								
g	End of year balance			( ) )		l			
2	Provide the estimated percentage of the current y	`	ne 1g, coil	umn (a)) ne	ad as				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	<u></u> %							
•	The percentages in lines 2a, 2b, and 2c should ed	2	414 1			41			
3a	Are there endowment funds not in the possession	of the organization	i that are i	neid and ad	ministerea to	or tne		[22	<del></del>
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
_	(ii) related organizations							3a(ii)	
b	If "Yes" on 3a(II), are the related organizations list			₹?				3b	
4	Describe in Part XIII the intended uses of the orga		ent funds				·		
Pai	Land, Buildings, and Equipme								_
	Complete if the organization ans	<u>-</u>							
	Description of property	(a) Cost or other		1 ''	r other basis other)		Accumulated preciation	(d) Book valu	ne
40	Lond	(investine	<i></i>	"	20101)		preciation		
1a _	Land	<u> </u>	<del></del>	<del> </del>		<del> </del>			
b	Buildings .			<del> </del>					
C	Leasehold improvements			<del> </del>		-			
d	Equipment				24,710		17,180	7	,530

e Other

7,530

Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" 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 d			
	ld equity interests		
(3) Other	ia equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related.		<u> </u>
(2 42 7 111)		ed "Yes" on Form 990. Pa	art 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)			
(1)			
(2)			
(4) (5)			
(6)			
(7)			
(8)			
(9)		-	
	must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets.		
LA CONTRACT		ed "Yes" on Form 990. Pa	art IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		·	
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 1	5)	<b>&gt;</b>
Part X	Other Liabilities.		
- 4.4.24		ed "Yes" on Form 990. Pa	art IV, line 11e or 11f See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
(1) Federal II			_
	ABILITY - INFORMATION ONLY		_
(3)			_
(4)			_
(5)		<u> </u>	_
(6)			_
(7)			
(8)			_
(9)			_
	must equal Form 990, Part X, col (B) line 25 )		
2. Liability for	uncertain tax positions. In Part XIII, provide the t	ext of the footnote to the organization	ation's financial statements that reports the

ule D (Form 990) 2016 Learn to Read Council of Athens & 1		63-0983470	Р
Reconciliation of Revenue per Audited Financial S	Statements With Rev	enue per Return.	
Complete if the organization answered "Yes" on Form			
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
Net unrealized gains (losses) on investments	2a		
Donated services and use of facilities	2b	1	
Recoveries of prior year grants	2c		
Other (Describe in Part XIII )	2d		
Add lines 2a through 2d	20		
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1	· 1 1	3	
· · · · · · · · · · · · · · · · · · ·	40		
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII )	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Reconciliation of Expenses per Audited Financia			
Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12		
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25	j i		
Donated services and use of facilities	2a		
Prior year adjustments	2b		
Other losses	2c		
Other (Describe in Part XIII )	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1 .		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII )	4b		
Add lines 4a and 4b			
Muu iiriga <b>ya a</b> liu <b>yu</b>		4c	
	· )	4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.		5	-
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	Part IV, lines 1b and 2b, Par	V, line 4, Part X, line	-
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Learn to Read Council of Athens & L	63-0983470
01. Form 990 governing body review (Part VI, line 11)	
COPIES OF THE 990 ARE DISTRIBUTED AT THE ANNUAL DIRECTORS MEETING	
02. Conflict of interest policy compliance (Part VI, line 12c)	
ALTHOUGH THERE IS NO WRITTEN POLICY, THE ORGANIZATION IS SMALL AND CO	DMMUNICATES
FREQUENTLY	
	<del></del>
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE BOARD DIRECTORS APPROVES THE EXECUTIVE DIRECTOR COMPENSATION	
THE BOARD APPROVES ALL COMPENSATION	
	·
04. Other officer or key employee compensation (Part VI, line 15b	
THE BOARD APPROVES ALL COMPENSATION	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST	