# (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	ror tn	e 2019 calendar year, or tax year beginning 001 1, 2019 and	enaing U	UN 30, 2020	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addr				
	Name chan	ge Doing business as		59-35510	80
	Initial returr Final	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe 646-844-	
	⊥returr termi ated	n-			
	ated □Amer			G Gross receipts \$	2,445,709.
F	returr □Appli	NEW TORK, NI 10001		H(a) Is this a group re	
	⊥tion pend	F Name and address of principal officer: SALMA MORO		for subordinates	
_	_	SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: X 501(c)(3) 501(c) ( )	or 527		list. (see instructions)
		ite: ► WWW.LITERACYTRUST.ORG	I	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1998  N	M State of legal domicile; FL
F	art I	Summary	CIIDII		
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{SEE}$	SCHEDU	LE O	
Activities & Governance	١.				
ern	2	Check this box  if the organization discontinued its operations or dispos	ed of more	1	
Š	3			<u>3</u>	10
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			24
Σ̈́Ξ	6	Total number of volunteers (estimate if necessary)			11
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
	١.			Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,420,317.	1,797,233.
enc	9	Program service revenue (Part VIII, line 2g)		658,251.	648,389.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	28.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		88.	59.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,078,656.	2,445,709.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,215,856.	1,598,692.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ж	. b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		798,863.	859,279.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,014,719.	2,457,971.
	19	Revenue less expenses. Subtract line 18 from line 12		63,937.	-12,262.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,156,493.	1,422,699.
TAS	21	Total liabilities (Part X, line 26)		41,022.	361,715.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,115,471.	1,060,984.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	SALMA MURO, EXECUTIVE DIRECTOR			
		Type or print name and title	1.	<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		GARRETT M. HIGGINS GARRETT M. HIGGI	NS 0	5/16/21 self-employ	
	parer	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945
Use	Only	Firm's address ► 500 MAMARONECK AVENUE			
		HARRISON, NY 10528-1633		Phone no. 91	<u>4-381-8900</u>
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning <b>JUL</b>	1	, 2019, and ending	JUN	30	, 20 <u>2 0</u>
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OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number LITERACY TRUST, INC. 59-3551080 Name and title of officer SALMA MURO EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** \_\_\_\_\_ **2** , **445** , **709**. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b \_\_\_\_\_ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) \_\_\_\_\_\_\_ **3b** \_\_\_\_\_ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ....... 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ **b Balance Due** (Form 8868, line 3c) **5b Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize PKF O'CONNOR DAVIES, LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature to the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \_\_\_\_\_ Date May 17, 2021 Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 26242310022 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

\_\_\_\_\_ Date **>** 05/05/21 ERO's signature ▶ PKF O'CONNOR DAVIES, LLP

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

#### Form **8868**

(Rev. January 2020)

Department of the Treasury

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasur Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 59-3551080 LITERACY TRUST, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 141 WEST 28TH ST, 6TH FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 SALMA MURO ullet The books are in the care of lacksquare 141 WEST 28TH ST, 6TH FLOOR - NEW YORK, NY 10001Telephone No. ► 646-844-0720 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. box > MAY 17, 2021 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or \_\_\_ , and ending <u>JUN</u> 30 , 2020 ► X tax year beginning JUL 1, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LITERACY TRUST, INC. IS COMMITTED TO HELPING CHILDREN ACHIEVE LITERACY
	BY DISSEMINATING HIGH-QUALITY, COST-EFFECTIVE PROGRAMS FOR SCHOOLS AND
	FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior 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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.
4a	(Code:) (Expenses \$1,622,278 . including grants of \$) (Revenue \$\$
<del>4</del> a	READING RESCUE IS A DAILY, ONE-TO-ONE, 30-MINUTE LITERACY INTERVENTION
	FOR ELEMENTARY STUDENTS, AND A PROFESSIONAL DEVELOPMENT PROGRAM FOR
	·
	SCHOOL STAFF MEMBERS. STUDENTS IN FIRST AND IN SOME SCHOOLS, SECOND
	GRADE RECEIVE ADDITIONAL SUPPORT IN READING, WRITING, AND SPEAKING FROM
	A TRAINED READING RESCUE INSTRUCTOR. ANY MEMBER OF A SCHOOL'S STAFF
	(PARAPROFESSIONAL, TEACHER, COACH, LIBRARIAN, AND IN SOME CASES CBO
	PARTNER STAFF) CAN RECEIVE PROFESSIONAL DEVELOPMENT TO DELIVER THE
	RESEARCH BASED INSTRUCTION THAT HELPS ACCELERATE STRUGGLING READERS'
	LITERACY SKILLS.
	[SEE CONTINUATION ON SCHEDULE O]
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,622,278.

18260516 756359 1620768.000

# Form 990 (2019) LITERACY TRUST, INC. 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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 debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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
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? 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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	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, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	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		<u> </u>
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

932003 01-20-20

Part IV	<b>Checklist of Required Schedules</b>	(continued)
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Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (M, line 27 / 11 "Yes," complete Schedule /, Part I and III 20 bit the organization arower "Yes" to Part IVI, Section A. Inio 3.4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule III and III 22 X X 24a Did the organization have a tax-essempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the eya; that was sected after December 31, 2002? If "Yes," answer lines 26 th proxyp) 24d and complete Schedule K. If "No." go to line 25a	1 0.11	Continued)		Vaa	Na
Part K, column (A), line 2? (f. "Yes," complete Schedule I, Parts I and III 2 Did the cognization answer "Yes" to Part VII, Scient On A, line 3. 4 or 5 about compensation of the organization is current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 28 bit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedule K. If "No," go to line 25a 24b 24b 24b 25b 24c 24b 25c 24c 24b 25c 24c 24b 25c 24c 24c 24c 24c 24c 24c 24c 24c 25c 24c 24c 25c 24c 24c 24c 24c 24c 25c 24c 24c 24c 24c 24c 24c 24c 24c 25c 24c 24c 24c 24c 24c 24c 24c 24c 24c 24	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23 Did the organization answer "Yes" to Part VII, Saction A, line 3, 4, or 5 a bout compensation of the organization's current and former officers, directors, fuselectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. If "Yes," to line 25s. Schedule I was a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sat day of the year, that was lissed after December 31, 2002? If "Yes," answer lines 25t through 26t and complete Schedule K. If "Yos," to line 25s.  24a	~~		22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III 23	23				
Schedule / Who; 'go to line 25a					
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liated day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, if "No." go to line 25a		,	23		Х
slast 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  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization analytic and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 42d  25a Section 501(5)(5), 501(x)(4), 401(x)(4) organization solution engage in an excess benefit transaction with a disqualified person during the year? 47 "Yes," complete Schedule L, Part I  25b Is the organization aware that the gragage in an excess benefit transaction with a disqualified person during the year? 47 "Yes," complete Schedule L, Part I  25b Is the organization aware that the gragage 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 II  26b IX  27c Did the organization provide a grant or other assistance to any current or former officer, director, fusete, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV  27d IX  28d Was the organization are year to a business transaction with one of the following parties (see Schedule L, Part IV  28a A current or former officer, director, fusites, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  28a A A swipplete Schedule L, Part IV  28b IX  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV  29d IX  29d Did the organization includes the termination, or discover a	24a				
Schedule K. If "No." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c   24d   28a   Section 501(5)8, 501(6)40, and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I   25a   X    b is the organization avera 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 sp trior Forms 990 or 990-E27 If "Yes," complete Schedule I. Part I   25b   X   25c					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 50 ft(c)(3), 50 ft(c)(4), and 50 ft(c)(2)0 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (# "ves," complete Schedule L, Part I			24a		X
any tax-exempt bonds?  d Did the organization 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? (I "Yes," complete Schedule I, Part I    25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  283 Section 501(5(3), 501(5(4), 40, 501(5(4)), 40	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  283 Section 501(5(3), 501(5(4), 40, 501(5(4)), 40		any tax-exempt bonds?	24c		
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 I, Part I  25b Jüt the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II  27 Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV  28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II Part IV  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II Part IV  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II	d				
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 sprior Forms 980 or 990-E27 // 11 *Yes,* complete Schedule I, Part I // 25b	<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule I, Part I    25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
Schedule L, Part I  250 If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, *complete Schedule L, Part II  27 Did the organization provide a grant or often assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, *complete Schedule L, Part IV instructions, for applicable fiting thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, *complete Schedule L, Part IV 28b X  28a X  28 Tamily member of any individual described in line 28a? If Yes, *complete Schedule L, Part IV 28b X  28a X  28b A X  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 more than \$25,000 in non-cash contributions? If Yes, *complete Schedule N, Part I 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, *complete Schedule N, Part I 31 X  30 Did the organization inquidate, terminate, or dissolve and cease operations? If Yes, *complete Schedule N, Part I 31 X  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If Yes, *complete Schedule R, Part I, III, or IV, and Part V, Iline 1  32 Did the organization related to any tax-exempt or taxable entity? If Yes, *complete Schedule R, Part I, III, or IV, and Part V, Iline 1  33 Did the organization onebuse Schedule R, Part V, Inse 2  34 Did the organization onebus	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 X X 2 10 the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 2 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X 2 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 27 X 2 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 2 28 X 2 2 M 2 X 2 M 2 M		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "In "Yes," complete Schedule L, Part II."  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II."  instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "If "Yes," complete Schedule L, Part IV."  b A family member of any individual described in line 28a? "If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? "If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M.  30 Did the organization injudiate, 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," complete Schedule N, Part II.  31 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? "If "Yes," complete Schedule N, Part II.  32 Did 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  33 Did 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 A X  35 Bo Section 501(C)(3) organizations. Side 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  35 Section 501(C)(3) organizations. Did		, , ,	<u>26</u>		<u> </u>
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X  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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, IIne 1 34 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 34 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35 Did the organization for section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIne 2 35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, IIne 2 35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If I'Yes," complet	27		.		
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instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29		• • • • • • • • • • • • • • • • • • • •	27		Δ_
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV. 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV. 28c X  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Ly and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I. 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," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V Iine S	28				
*Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization iliquidate, 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," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I  31 Did Yas 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  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.  36 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?  Note: All Form 990 filers are required to c	_				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization inquidate, 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," complete Schedule N, Part I  32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization nave a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  39 Note: All Form 990 filers are required to complete Schedule O  20 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  39 Note: All Form 990 filers are required to complete Schedule O  20 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  30 Did the organization organized i	а		000		y
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?   "Yes," complete Schedule L, Part IV	h				
"Yes," complete Schedule L, Part IV  28c			200		
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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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 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	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.	31		
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If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 In		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 10 In	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1?		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the second of the second of the image of the second of the second of the image of the second of the second of the image of the second of the second of the second of the second of the image of the second of the image of the second of the secon		If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	37				
Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the schedule of the schedul			37		<u>X</u>
Part V Statements Regarding Other IRS Filings and Tax Compliance  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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	38				
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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	Par		38	X	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	rai				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     5       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c		Grieck if Scriedule O contains a response or note to any line in this Part v			<u> </u>
b Enter the number of Forms 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?  1c	4 -	Entar the number reported in Day 2 of Forms 1000. Fater 0 if and analysis his	5	Yes	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c					
(gambling) winnings to prize winners?			<del>-</del>		
	C		10		
	932004			990	(2019)

#### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

59-3551080 LITERACY TRUST, Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X 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	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4.0			
b	Enter the number of voting members included on line 1a, above, who are independent	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	her			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supe				
	of officers, directors, 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		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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				37
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,				37
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	•		v	
а	The governing body?		8a	X	
b	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				Х
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.	.)		V	Na
100	Did the examination have local chapters, branches, or effiliates?		100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		21
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	j tile lollili	1 Ia		
12a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ-		120		
·	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by indepen				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip	ation			
	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 ▶NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec	ction 501(c)(3):	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		- '		
	Own website X Another's website X Upon request Other (explain on Schedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	,	financ	ial	
	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 reco	rds 🕨			
	SALMA MURO - 646-844-0720				
	141 WEST 28TH ST, 6TH FLOOR, NEW YORK, NY 10001				

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)			_ ((				(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-		-		1	100)	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (**100)	organization
	organizations	truste	al tru		yee	n be		(** =* ** = ** ** ** ** ** ** ** ** ** **		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) TIFFANY ZAPICO	40.00	]								
EXECUTIVE DIRECTOR UNTIL MARCH 2020				Х				138,062.	0.	9,075
(2) MICHAEL FLYNN	40.00	]								
DIRECTOR OF PROGRAM UNTIL OCT. 2019						X		114,239.	0.	8,922
(3) CATHLEEN COLLINS	0.50									
BOARD CO-CHAIR		Х		Х				0.	0.	0 .
(4) SUMEET CHUGANI	0.50									
BOARD CO-CHAIR		Х		Х				0.	0.	0 .
(5) KAREN DANIELS	0.50	]								
TREASURER		Х		Х				0.	0.	0
(6) MICHAEL E. GRUEN	0.50									
SECRETARY		Х		Х				0.	0.	0.
(7) JAYNE BENTZEN	0.50									
DIRECTOR		Х						0.	0.	0 .
(8) ZACHARY DOMINITZ	0.50									
DIRECTOR		Х						0.	0.	0
(9) KATHRYN KAISER	0.50									
DIRECTOR UNTIL APRIL 2020		Х						0.	0.	0
(10) HARRY LENNIX	0.50	1								
DIRECTOR		Х						0.	0.	0
(11) ZACHARY NAIDICH	0.50	1							_	_
DIRECTOR		Х						0.	0.	0 .
(12) CHRISTINA TETTONIS	0.50									
DIRECTOR		Х						0.	0.	0 .
(13) MAY TONG	0.50	]								
DIRECTOR		Х						0.	0.	0 .
(14) SALMA MURO	40.00	1								
EXECUTIVE DIRECTOR AS OF MARCH 2020				X				0.	0.	0.
		1								
		<u> </u>				_	_			
		1								
		<u> </u>			<u> </u>	_	_			
		-								
										Form <b>990</b> (2019

(A)	(B)	Под		and (C Posi	<b>C)</b>		it C	(D)	(E)		(F)	
Name and title	Average hours per week	box offi	not cl	neck r ss per	more son is	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related		Estima amoun othe	t of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from to organized and relations	he ation ated
	line)	lndi	Inst	Officer	Key	High	Forr					
	1											
1b Subtotal								252,301.		0.	17,9	
c Total from continuation sheets to Part V								252,301.		0.	17,9	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but I							o re		000 of reportable		±1,2	, , , , ,
compensation from the organization											1,,	2
3 Did the organization list any former officer	director trust	ee k	ev e	mnl	ove	e or	hia	hest compensated empl	ovee on	ſ	Yes	No
line 1a? If "Yes," complete Schedule J for s		,	,	•	,	,	•		•	[	3	Х
4 For any individual listed on line 1a, is the s	•		•					•	Ü			37
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	,		,							·····	4	X
rendered to the organization? If "Yes," cor	=				-			-			5	Х
Section B. Independent Contractors									100,000 (			
1 Complete this table for your five highest co the organization. Report compensation for										ensat	ion from	
(A)								(B)			(C)	
XEROGRAPHIC COPY CENTER	s address							Description of s	ervices	C	ompensati	on
927 NW 13TH ST, GAINESVI	LLE, FL	32	60	1				PRINTING SERV	VICE		239,7	798.
							$\dashv$					
							$\dashv$					
<ul> <li>Total number of independent contractors (</li> <li>\$100,000 of compensation from the organ</li> </ul>		ot lin	nited	to t	thos 1		ted	above) who received mo	ore than			

18260516 756359 1620768.000

	art VIII	Statement of	f Revenue
--	----------	--------------	-----------

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Check if Contidute C contains a response	or rioto to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	Federated campaigns 1a					
iral our	ı	Membership dues 1b					
s, C	•	Fundraising events1c					
# a		Related organizations 1d					
s, C	•	Government grants (contributions)	523,041.				
Sign	1	All other contributions, gifts, grants, and					
her			,274,192.				
걸		Noncash contributions included in lines 1a-1f	•				
o d	ì	Total. Add lines 1a-1f	<b>•</b>	1,797,233.			
<u> </u>		1 Total Add iii 63 Ta Ti	Business Code	2,131,2331			
	•	PROGRAM SERVICE FEES	611600	648,389.	648,389.		
ice	2 6		011000	040,303.	040,303.		
er v	'						
n S	•	·					
ran }ev	•	·					
Program Service Revenue	•	•					
<u>P</u>	1	All other program service revenue					
	9	Total. Add lines 2a-2f	<b>)</b>	648,389.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	<b>&gt;</b>	28.			28.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6		( )	_			
				_			
		Less: rental expenses 6b		_			
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Other:				
	7 :	Gross amount from sales of (i) Securities	(ii) Other	_			
		assets other than inventory 7a					
	ı	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	•	Gain or (loss) <b>7c</b>					
	•	Net gain or (loss)	<b></b>				
Jer	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	1	Less: direct expenses	0				
		Net income or (loss) from fundraising events	<b>•</b>				
		Gross income from gaming activities. See					
	-	Part IV, line 19					
		Less: direct expenses 9					
		Net income or (loss) from gaming activities					
		` ' " " "					
	10 8	Gross sales of inventory, less returns					
		and allowances 10		_			
		Less: cost of goods sold10	<u>b</u>				
$\rightarrow$	- (	Net income or (loss) from sales of inventory	<b>.</b>				
S			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	900099	59.			59.
ane inui	ı	<b>.</b>					
elk	(						
isc B		All other revenue					
2	(	Total. Add lines 11a-11d		59.			
	12	Total revenue. See instructions		2,445,709.	648,389.	0.	87.
					-		

	t IX Statement of Functional Expense		or organizations must see	anlata calumn (A)	
secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		схренаез	general expenses	СХРСПЗСЗ
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	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	168,156.	84,078.	42,039.	42,039
6	Compensation not included above to disqualified	100/1301	01/0/01	12,0331	12,000
U	persons (as defined under section 4958(f)(1)) and				
	7				
7	· · · · · · · · · · · · · · · · · · ·	1,160,524.	923,795.	213,781.	22,948
7 °	Other salaries and wages	1,100,024.	723,1730	213,1010	22,740
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,675.	17,431.	3,877.	367
^	`	126,492.	99,791.	22,260.	367 4,441
9	Other employee benefits	121,845.	92,332.	23,830.	5,683
0	Payroll taxes	121,043.	94,334.	23,030.	3,003
1	Fees for services (nonemployees):	18,902.	14,336.	3,683.	883
a	Management	4,786.	14,330.	4,786.	003
b	Legal	36,210.		36,210.	
С	Accounting	30,210.		30,210.	
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,	116 222	405	67 477	10 151
	column (A) amount, list line 11g expenses on Sch O.)	116,333.	405.	67,477.	48,451 11,600
12	Advertising and promotion	11,692.	17 602	_	
13	Office expenses	53,355.	17,693.	34,175.	1,487
4	Information technology	7,557.	145.	7,412.	
15	Royalties	100 047	26 110	162 700	
16	Occupancy	199,847.	36,119.	163,728.	1 000
7	Travel	20,613.	16,139.	3,247.	1,227
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 1 4 2		1 060	7.5
9	Conferences, conventions, and meetings	1,143.		1,068.	75
20	Interest				
21	Payments to affiliates	1 000		1 025	
2	Depreciation, depletion, and amortization	1,937.		1,937.	
3	Insurance	13,301.		13,301.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INSTRUCTOR MATERIALS	183,867.	183,867.		
b	BOOKS/SUPPLIES	126,899.	123,686.		3,213
С	SUBSCRIPTIONS	30,043.	6,143.	19,513.	4,387
d	EVENTS EXPENSE	17,020.	5,710.	7,554.	3,756
	All other expenses	15,774.	608.	14,882.	284
25	Total functional expenses. Add lines 1 through 24e	2,457,971.	1,622,278.	684,852.	150,841
6	Joint costs. Complete this line only if the organization		,	,	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check have				

Form **990** (2019)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or I	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			704,947.	1	516,626
	2	Savings and temporary cash investments		2	50,028		
	3	Pledges and grants receivable, net	295,106.	3	394,668		
	4	Accounts receivable, net			66,000.	4	220,238
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese persor	ns		5	
	6	Loans and other receivables from other disqu	-	·			
		under section 4958(f)(1)), and persons describ	oed in section	on 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use				8	
Ĕ	9	Prepaid expenses and deferred charges			18,160.	9	27,240
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		143,556.	_		
	b	Less: accumulated depreciation		1,937.	0.	10c	141,619
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11	<u> </u>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	72,280.	15	72,280		
	16	Total assets. Add lines 1 through 15 (must e			1,156,493.	16	1,422,699
	17	Accounts payable and accrued expenses	41,022.	17	13,857		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the		22			
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). (	Complete Part X	0.		2/7 050
		of Schedule D			<u> </u>	25	347,858 361,715
	26				41,022.	26	301,713
S		Organizations that follow FASB ASC 958, o	neck nere				
nce	07	and complete lines 27, 28, 32, and 33.			1,115,471.	07	1,060,984
alal	27				1,113,4/1.		1,000,304
0	28	Net assets with donor restrictions				28	
Ů.		Organizations that do not follow FASB ASC					
5	00	and complete lines 29 through 33.	al a			00	
Sie	29	Capital stock or trust principal, or current fun				29	
255	30	Paid-in or capital surplus, or land, building, or		adda a conferencia		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,115,471.	31	1,060,984
ž	32	Total net assets or fund balances			1,115,4/1.	32	1,422,699
	33	Total liabilities and net assets/fund balances			1,10,433.	33	Form <b>990</b> (201

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,44	5,7	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,45	7,9	<u>71.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	2,2	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,11	5,4	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		7,7	14.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<b>-4</b>	9,9	39.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	1,06	0,9	<u>84.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization LITERACY TRUST, INC. 59-3551080 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	ction A. Public Support	,,		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and		• •	• •					
	membership fees received. (Do not								
	include any "unusual grants.")	1096000.	1054501.	942,578.	1370378.	1797233.	6260690.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	1006000	1054501	040 550	1250250	1505000	6060600		
	Total. Add lines 1 through 3	1096000.	1054501.	942,578.	1370378.	1797233.	6260690.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11, column (f)						2702107		
•	· · · · · · · · · · · · · · · · · · ·						3782197. 2478493.		
	Public support. Subtract line 5 from line 4.						24/0493.		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
	Amounts from line 4	1096000.	(b) 2016 1054501.	942,578.	1370378.	1797233.	(f) Total 6260690.		
	Gross income from interest,	1030000.	1034301.	342,370.	1370370	1737233.	02000301		
Ü	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					28.	28.		
9	Net income from unrelated business								
Ū	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.)				88.	59.	147.		
11	<b>Total support.</b> Add lines 7 through 10						6260865.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,941,763.		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
	organization, check this box and stor						<b>&gt;</b>		
	ction C. Computation of Publi								
14	Public support percentage for 2019 (li					14	39.59 %		
15	Public support percentage from 2018					15	42.32 %		
16a	33 1/3% support test - 2019. If the o								
	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2018. If the c								
4-	and <b>stop here.</b> The organization qual								
1/a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac								
L	meets the "facts-and-circumstances"								
a	10% -facts-and-circumstances test	-							
	more, and if the organization meets the organization meets the "facts-and-circ						, 		
1Ω	-		-	· ·					
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Γ	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ju		
3b		
3с		
4a		
4b		
4c		
F-0		
5a		
<b></b>		
5b		_
5c		
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9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

Pa	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	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		
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			
-	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	or type is emphasizing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	1, 0 0	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	men = 17 m 1)pe m eupperung engammune		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		2		
Sec	supported organizations played in this regard. 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 instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.	ictions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	£IJ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	Jd		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	TV │ Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
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 organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)									
SCHEI	DULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
OTHER	RINCOME	E								
2018	AMOUNT:	\$	88.							
2019	AMOUNT:	\$	59.							
-										
-										
										<del></del>

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

LITERACY TRUST, INC. 59-3551080

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)( <sup>1</sup> any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \gamma \]						
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# LITERACY TRUST, INC.

59-3551080

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	THE BENEDICT SILVERMAN FOUNDATION  18 TITUS ROAD, P.O. BOX 371  WASHINGTON DEPOT, CT 06794		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYC DEPARTMENT OF EDUCATION  52 CHAMBERS STREET  NEW YORK, NY 10007	\$523,041. 	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + +	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### LITERACY TRUST, INC.

59-3551080

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	200 57 av 000 PF\(0040\)

Name of organization **Employer identification number** LITERACY TRUST, INC. 59-3551080 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LITERACY TRUST, INC. **Employer identification number** 59-3551080

Pai			ei Siiilliai Funds	or Accour	Complete if t	ne
	organization answered "Yes" on Form 990, Part IV, lin		advised funds	<b>(b)</b> Fur	nds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v			ed funds		
	are the organization's property, subject to the organization's	exclusive legal cont	trol?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?				Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered	d "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oply).			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of	f a historically	important land are	a
	Protection of natural habitat		Preservation of	f a certified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ontribution in the form	of a conserva	tion easement on t	he last
	day of the tax year.				Held at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a	a)	2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and n	ot on a historic structu	ıre		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel-				during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >	·			
5	Does the organization have a written policy regarding the per	riodic monitoring, in	spection, handling of			
	violations, and enforcement of the conservation easements it	t holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				/ear	
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conserva	tion easemen	ts during the year	
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) abov					
	and section 170(h)(4)(B)(ii)?					L No
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	statement an	ıd	
	balance sheet, and include, if applicable, the text of the footn	note to the organiza	tion's financial statem	ents that desc	cribes the	
Do	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	f Art Historiaal	Trocourse or O	har Cimila	r Acceto	
Pai				iller Sillilla	i Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub				public	
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	exhibition, educati	on, or research in furth	nerance of pu	blic 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 treation following accounts a specified to be used at a few sectors of the few secto			ıı gaın, provide	Э	
_	the following amounts required to be reported under FASB A	-			Φ.	
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X			<b>)</b>		- 000) 0040
LHA	For Paperwork Reduction Act Notice, see the Instructions	s ior Form 990.			Schedule D (Forn	n 990) 2019

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

Pai	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other:	Similar As	sets (con	tinued)	<u> </u>
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	t make sig	nificant use o	of its	,	
	collection items (check all that apply):									
а	Public exhibition	C		Loan or exc	hange progr	am				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be mai							Yes		No_
Pai	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other as	sets not in	cluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoı	ınt	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liability	/?	Yes		No
	If "Yes," explain the arrangement in Part XIII. (								<u> L</u>	
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Parl	IV, line 10				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d	d) Three years	back (e) Fo	our years	s back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g	g, column (a	)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	nd administe	red for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(	i)	
	(ii) Related organizations								i)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on So	chedule R?				3b	1	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	D, Part IV	<u>/, line 11a. S</u>	See Form 990	), Part X, lir	ne 10.	_		
	Description of property	(a) Cost or o			t or other (other)		cumulated eciation	(d) Bo	ook valu	ne
1a	Land									
	Buildings									
	Leasehold improvements			1	0,913.		501		10,4	12.
	Equipment	I			8,886.		1,436		7,4	50.
	Other			12	3,757.			1	23,7	
	. Add lines 1a through 1e. (Column (d) must eq		X. colum						41,6	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 LITERACY TR	UST, INC.	59	-3551080 Page
Part VII Investments - Other Securities.	- Farm OOO Deat IV Base	44h O Farra 200 Bart V Fac 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Dook value	(c) Wethod of Valuation. Cost of en	u-or-year market value
Financial derivatives     Closely held equity interests		<u> </u>	
ON OHE -			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			72,280
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	e 15.)	<b>&gt;</b>	72,280
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYCHECK PROTECTION PROGR.	AM LOAN		292,549

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	292,549.
(3) DEFERRED RENT	55,309.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	<b>▶</b> 347,858.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Part	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,453,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	7,714.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	7,714. 2,445,709.
3	Subtract line 2e from line 1			3	2,445,709.
	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.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,445,709.
Part	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	2,507,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	1 4 1			
d	Other (Describe in Part XIII.)	2d	49,939.		
е	Add lines 2a through 2d			2e	49,939. 2,457,971.
3	Subtract line 2e from line 1			3	2,457,971.
	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.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	2,457,971.
Part	t XIII Supplemental Information.				
lines 2	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			; Part X	, line 2; Part XI,
	T X, LINE 2: TRUST RECOGNIZES THE EFFECT OF INCOME	TAX POSIT	IONS ONLY	IF T	HOSE
	ITIONS ARE MORE LIKELY THAN NOT TO BE S				
	ERMINED THAT THE TRUST HAD NO UNCERTAIN				
	UIRE FINANCIAL STATEMENT RECOGNITION AN				
<u> </u>	OIRD I IMMETER DIFFERENCE RECOGNITION IN	AD OIL DIDE	LODOILL: III		tobi ib ito
LON	GER SUBJECT TO EXAMINATIONS BY THE APPL	LICABLE TA	XING JURIS	DICI	IONS FOR
YEA	RS PRIOR TO JUNE 30, 2017.				
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
					40.000

Schedule D (Form 990) 2019	LITERACY TRUST,	INC.	59-3551080 Pag	је <b>5</b>
Schedule D (Form 990) 2019 Part XIII   Supplemental Information	rmation (continued)			
,	(oorninaca)			
-				
-				

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### 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

Name of the organization

LITERACY TRUST, INC. Employer identification number 59-3551080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LITERACY TRUST, INC IS COMMITTED TO HELPING CHILDREN ACHIEVE LITERACY BY DISSEMINATING HIGH-QUALITY, COST-EFFECTIVE PROGRAMS FOR SCHOOLS AND FAMILIES.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990 THE COVID-19 CRISIS CLOSED PUBLIC SCHOOLS ACROSS THE CITY. IN 2020, INSTANTLY DISRUPTING THE MOST IMPORTANT FACET OF OUR WORK - OUR ONE-TO-ONE AND SMALL GROUP INTERPERSONAL CONNECTIONS BETWEEN STUDENTS AND EDUCATORS, AND BETWEEN EDUCATORS AND US. THE INTERPERSONAL CONNECTION RELATIONSHIP IS PIVOTAL TO OUR PROGRAMMATIC SUCCESS. WE OUICKLY SHIFT READING RESCUE TO A VIRTUAL LIVE INSTRUCTION MODEL AND MADE IT AVAILABLE AS SOON AS STUDENTS HAD ACCESS TO TECHNOLOGY.

RECOGNIZING THAT EVERY WEEK LOST WAS A SETBACK FOR THE CHILDREN IN READING RESCUE, OVER A MATTER OF FOUR WEEKS WE TRANSITIONED OUR RESEARCH-BASED, CAREFULLY NUANCED PROGRAM MODEL THAT WAS DEVELOPED FOR PERSON-TO-PERSON DELIVERY INTO AN ONLINE DELIVERY SYSTEM, WHICH MAINTAINS THE PERSONAL CONNECTION BETWEEN EDUCATOR AND STUDENT. OUR TEAM HAS CONTINUED TRAINING AND EQUIPPING OUR EDUCATORS TO DELIVER THIS PROGRAM VIRTUALLY TO OUR STUDENTS THROUGH SPECIALLY DESIGNED THREE-HOUR PROFESSIONAL DEVELOPMENT SESSIONS.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION USES JUSTWORKS, A PROFESSIONAL EMPLOYER ORGANIZATION

"PEO"). AS A PEO, JUSTWORKS PROVIDES PROFESSIONAL EMPLOYER SERVICES TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

932211 09-06-19

Name of the organization **Employer identification number** 59-3551080 LITERACY TRUST, INC. LITERACY TRUST. IN THE PEO RELATIONSHIP JUSTWORKS AND LITERACY TRUST SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER. LITERACY TRUST REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND JUSTWORKS IS A CO-EMPLOYER OF LITERACY TRUST'S EMPLOYEES. JUSTWORKS RESERVES THE RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN LITERACY TRUST AND JUSTWORKS. JUSTWORKS AND LITERACY TRUST HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES. THE FEE PAID TO JUSTWORKS DURING FY2020 WAS \$18,902. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS THEN REVIEWED BY THE BOARD TREASURER AND EXECUTIVE DIRECTOR PRIOR TO DISTRIBUTION TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE FORM 990 IS APPROVED BY THE AUDIT AND FINANCE COMMITTEE AND THEN FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: LITERACY TRUST HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS MONITORED AND ENFORCED ANNUALLY. ALL DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST THAT MAY EXIST WITH THE ORGANIZATION ON AN ANNUAL BASIS AND AS THEY ARISE. ANY DISCLOSURES MADE ARE REVIEWED BY THE

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

Name of the organization LITERACY TRUST, INC.

Employer identification number 59-3551080

BOARD. THE BOARD REVIEWS EACH CIRCUMSTANCE AND DECIDES AS TO WHETHER A

POTENTIAL CONFLICT EXISTS, WHETHER ACTUAL CONFLICTS CAN BE FULLY AND

SATISFACTORILY ADDRESSED, OR WHETHER OTHER ACTION IS REQUIRED. IF A BOARD

MEMBER HAS A CONFLICT OF INTEREST, THEY ARE EXCUSED FROM PARTICIPATING IN

THE VOTE OF THAT CONFLICT.

ANY DISCUSSION REGARDING THE CONFLICT OF INTEREST TRANSACTION IS DOCUMENTED

IN THE MINUTES OF THE BOARD MEETINGS. THE MINUTES OF THE BOARD MEETING

REFLECT THE CONFLICT OF INTEREST THAT WAS DISCLOSED, THE NAME OF THE

INTERESTED PERSON, AND FINAL DISCUSSION ON THE CONFLICT OF INTEREST

TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF

THE EXECUTIVE DIRECTOR USING COMPENSATION DATA FROM COMPARABLE INSTITUTIONS

UNDER COMPARABLE CIRCUMSTANCES FOR COMPARABLE SERVICES, TO ENSURE THAT THE

COMPENSATION IS COMPETITIVE WITHOUT BEING EXCESSIVE. THE PROCESS LAST

OCCURRED IN FISCAL YEAR 2020, AND THE RECORDS OF THE DECISION ARE

MAINTAINED IN THE ORGANIZATION'S PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

POSTED ON GUIDESTAR.ORG, AS WELL AS OTHER SIMILAR TYPES OF WEBSITES. IN

ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990,

FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST TO 141 WEST

28TH ST, 6TH FLOOR, NEW YORK, NY 10001.

LITERACY TRUST, INC.	59-3551080
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE PLEDGE	-49,939.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZA	TION'S
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOU	NTANT HAS NOT
CHANGED FROM THE PRIOR YEAR.	