Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019										
B Check if applicable: C Name of organization	D Employer identification number										
X Address LITERACY TRUST, INC.	50 3551000										
Name change Doing business as	59-3551080										
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/s 141 WEST 28TH ST, 6TH FLOOR	uite E Telephone number 646-844-0720										
terminated City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 2,078,656.										
Amended NEW YORK, NY 10001	H(a) Is this a group return										
Application F Name and address of principal officer: JAYNE BENTZEN	for subordinates? Yes X No										
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No											
1 Tax-exempt status: ★ 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)											
J Website: ▶ WWW.LITERACYTRUST.ORG H(c) Group exemption number ▶											
K Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: FL											
Part I Summary	out of formation.										
1 Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O										
Check this box if the organization discontinued its operations or disposed of many states of the governing body (Part VI, line 1a) Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12											
2 Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net assets.										
3 Number of voting members of the governing body (Part VI, line 1a)	3										
4 Number of independent voting members of the governing body (Part VI, line 1b)	4										
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 2:										
6 Total number of volunteers (estimate if necessary)											
7 a Total unrelated business revenue from Part VIII, column (C), line 12											
b Net unrelated business taxable income from Form 990-T, line 38	7b 0										
	Prior Year Current Year										
8 Contributions and grants (Part VIII, line 1h)	942,578. 1,420,317										
9 Program service revenue (Part VIII, line 2g)	775,133. 658,251										
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 88										
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,717,711. 2,078,656										
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.										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,204,128. 1,215,856										
16 Sataries, other compensation, employee benefits (rait IX, column (A), lines 3-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 b Total fundraising expenses (Part IX, column (D), line 25) 16 b Total fundraising expenses (Part IX, column (D), line 25) 17 Check expenses (Part IX, column (A), lines 11d, 11d, 11d, 11d, 11d, 11d, 11d, 11d	0. 0.										
b Total fundraising expenses (Part IX, column (D), line 25)	500 550										
Tr Other expenses (Fartix, Columnit (A), lines Tra-Tru, TTP-24e)	623,772. 798,863										
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,827,900. 2,014,719										
19 Revenue less expenses. Subtract line 18 from line 12	-110,189. 63,937										
o g 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)	Beginning of Current Year End of Year										
20 Total assets (Part X, line 16)	1,183,107. 1,156,493										
43	131,573. 41,022. 1,051,534. 1,115,471.										
Part II Signature Block	1,051,534. 1,115,471.										
	topscate and to the best of multipoulades and ballof it is										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true according to penalties. Declaration of exposure (other than officer) is based as all information of which according to the penalties of exposure (other than officer) is based as all information of which according to the penalties of exposure (other than officer) is based as all information of which according to the penalties of exposure (other than officer) is based as all information of which according to the penalties of the											
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer											
Signature of officer	Date Date										
Sign Here JAYNE BENTZEN, BOARD CO-CHAIR											
Type or print name and title											
Print/Type preparer's name Preparer's signature	Date Check PTIN										
Paid GARRETT M. HIGGINS GARRETT M. HIGGINS	07/07/20 if P00543209										
Preparer Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945										
Use Only Firm's address 665 FIFTH AVENUE	111113 CIN \$ 27 2720723										
NEW YORK, NY 10022	Phone no. 212-286-2600										
	X Yes No										
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018										

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

•	rations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to the income	e lax retur	115.	Enter file	er's identifying n	umber
Type or	Name of exempt organization or other filer, see instruc	ctions.			ridentification nu	
print						
File by the	LITERACY TRUST, INC.				59-35510	080
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see 141 WEST 28TH ST, 6TH FLOOR		tions.	Social se	curity number (S	SN)
instructions.	City, town or post office, state, and ZIP code. For a fo NEW YORK, NY 10001					
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227	10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) TIFFANY ZAPICO			12		
If the of	programmer of $646-844-0720$ reganization does not have an office or place of business is for a Group Return, enter the organization's four digit 0 If it is for part of the group, check this box	Group Exe		If this is for	r the whole group	•
the ▶ [quest an automatic 6-month extension of time until organization named above. The extension is for the orga or or JUL 1, 2018 ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	anization's	return for:	e the exem	npt organization r ·	eturn for
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, onorrefundable credits. See instructions.	or 6069, 6	enter the tentative tax, less	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,					^
	imated tax payments made. Include any prior year overpa			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pay	•				0
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct del	oit) with this Form 8868, see Form 8	453-EO and	d Form 8879-EO	tor payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2019)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses

1,427,751.

Form **990** (2018)

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Form 990 (2018) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </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		۰		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		400	Х	
	Schedule D, Parts XI and XII	12a	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Form **990** (2018)

Form 990 (2018) LITERACY TRUST, IN Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
ZJa		25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
34		34		x
25-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
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, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
D -	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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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 in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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? Х 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 Х 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? Х 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 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 in 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?

Form 990 (2018)

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

LITERACY TRUST INC. 59-3551080 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website ___ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2018)

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State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

TIFFANY ZAPICO - 646-844-0720

WEST 28TH ST, 6TH FLOOR, NEW YORK.

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.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer an	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		(** 27 1033 141100)		and related
	below	idual	ution	 	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JAYNE BENTZEN	1.00									
BOARD CO-CHAIR		Х		Х				0.	0.	0.
(2) KATHRYN KAISER	1.00									
BOARD CO-CHAIR		Х		X				0.	0.	0.
(3) KAREN DANIELS	0.25									
TREASURER		Х		X				0.	0.	0.
(4) MICHAEL E. GRUEN	0.25									
SECRETARY		Х		Х				0.	0.	0.
(5) SUMEET CHUGANI	0.25								_	
BOARD MEMBER		Х						0.	0.	0.
(6) CATHLEEN COLLINS	0.25									_
BOARD MEMBER		Х						0.	0.	0.
(7) ZACHARY DOMINITZ	0.25									
BOARD MEMBER		Х						0.	0.	0.
(8) HARRY LENNIX	0.25	ļ								•
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTINA TETTONIS	0.25								•	•
BOARD MEMBER	40.00	Х						0.	0.	0.
(10) TIFFANY ZAPICO	40.00	-		٦,				120 162	0	0 510
EXECUTIVE DIRECTOR				Х				130,163.	0.	8,519.
		1								
		1								
		1								
		1								
					\vdash					
		1								
-										
		1								
		1								
<u>-</u>		-	_	_	_					- OOO (2012)

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru		ploy	ees,			gnes	t C		'		(=)	
(A)	(B)			Pos	C) ition	1		(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable		Estima amoun	
	week					is both or/trus		compensation from	compensation from related		othe	
	(list any	tor						the	organization		compens	
	hours for	direc				pg		organization	(W-2/1099-MIS		from t	
	related	tee oi	ustee			ensat		(W-2/1099-MISC)			organiza	ation
	organizations	al trus	nal tr		oyee	dwos					and rela	ated
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
	ilite)	트	Ĕ	₩	Xe.	를 를	요					
		-										
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								120 162			0 1	-10
1b Sub-total								130,163.		0.	8,5	<u>519.</u>
c Total from continuation sheets to Part								0.		0.	0 1	0.
d Total (add lines 1b and 1c)							<u> </u>	130,163.		0.	8,3	519.
2 Total number of individuals (including but	not limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)		1
compensation from the organization												<u>_</u>
							_				Yes	No
3 Did the organization list any former office				•	•	•						1 37
line 1a? If "Yes," complete Schedule J for											3	<u> </u>
4 For any individual listed on line 1a, is the												1 37
and related organizations greater than \$1											4	X
5 Did any person listed on line 1a receive o	•				•			•	lual for services			37
rendered to the organization? If "Yes." co	mplete Schedul	e J f	or st	ıch i	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of										pensa	tion from	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.			
(A) Name and busines	se addrose							(B) Description of s	onvicos	_	(C) compensati	on
	ss address						\dashv	Description of s	ervices		ompensau	011
XEROGRAPHIC COPY CENTER		2 2	<i>c</i> 0	1				DDINMING GEDI	77.00		102 (- 2 7
<u>927 NW 13TH ST, GAINESVI</u>	ттв, вт	<u>34</u>	00	<u> </u>			-	PRINTING SERV	ATCE		193,6	57.
							\dashv					
							\dashv					
							\dashv					
	, , , , , ,	,										
2 Total number of independent contractors	(including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			

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\$100,000 of compensation from the organization

			ACY TRUS	T, INC.			59-3551	_080 Page 9
Pa	rt V	III Statement of Reven	iue					
		Check if Schedule O conta	ains a response	or note to any line		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 :	a Federated campaigns	1a					
ran	-	b Membership dues						
S, G	,	c Fundraising events	1c					
ar /			1d					
s, G		e Government grants (contributi	ions) 1e	561,517.				
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, gifts, gran	ts, and					
ibut		similar amounts not included abov	ve 1f	858,800.				
dit	9	g Noncash contributions included in lines						
S E	I	h Total. Add lines 1a-1f		> [1,420,317.			
				Business Code	550 051	450 054		
ce	2 :	a PROGRAM SERVICE	FEES	611600	658,251.	658,251.		
ervi	- 1	b						
n Si	•	c						-
Program Service Revenue	•	d						1
rog	•	e						1
ъ.		f All other program service reve			CEO 251			
		g Total. Add lines 2a-2f			658,251.			
	3	Investment income (including	•	· .				
	4	other similar amounts)						1
	4			· •				
	5	Royalties	(i) Real	(ii) Personal				
	6	a Gross rents	· · · · · · · · · · · · · · · · · · ·	(II) Personal				
		c Rental income or (loss)						
		d Net rental income or (loss)		—				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	(i) Geodifices	(ii) Other				
		b Less: cost or other basis						
		and sales expenses						
	,	c Gain or (loss)						
		d Net gain or (loss)						
•		a Gross income from fundraising						
nue		including \$	of					
eve		contributions reported on line						
۳. ح		Part IV, line 18	а	1				
Other Revenue	ı	b Less: direct expenses	b	·				
U	•	c Net income or (loss) from fund	Iraising events	>				
	9 :	a Gross income from gaming ac						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gam						
	10	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold		$\overline{}$				
	•	c Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code	88.			88.
		a OTHER INCOME		900099	00.			00.
		b						
		d All other revenue						1
		d All other revenue			88.			
	١'	e Total. Add lines 11a-11d		·····	00.	CEO 251	^	0.0

Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nolete column (A)	
Jecti	Check if Schedule O contains a respons			ipiete colultiit (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	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	142,001.	98,650.	25,383.	17,968.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	868,382.	622,309.	135,559.	110,514.
8	Pension plan accruals and contributions (include	A4	4		
	section 401(k) and 403(b) employer contributions)	21,771.	15,555.	3,080.	3,136.
9	Other employee benefits	90,393.	65,202.	13,956.	11,235.
10	Payroll taxes	93,309.	67,427.	13,933.	11,949.
11	Fees for services (non-employees):	44 500	2 -12		4 4 6 0
	Management	11,730.	2,710.	7,857.	1,163.
	Legal	41 206		41 206	
	Accounting	41,386.		41,386.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	59,931.	5,781.	26,324.	27 026
40	column (A) amount, list line 11g expenses on Sch 0.)	3,304.	1,200.	2,062.	27,826. 42.
12	Advertising and promotion	98,460.	25,982.	55,919.	16,559.
13	Office expenses	57,861.	43,048.	14,813.	10,339.
14	Information technology	37,001.	45,040.	14,013.	
15	Royalties	117,322.	106,671.	10,651.	
16 17	Occupancy	24,574.	16,821.	6,255.	1,498.
	Payments of travel or entertainment expenses	24,574.	10,021.	0,255.	1,450.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,101.		1,000.	101.
20		<u> </u>		= , 000.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,170.		15,170.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	·		·	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TUTOR KITS	192,729.	192,729.		
b	SCHOOL SUPPLIES/BOOKS/I	168,161.	162,315.	2,010.	3,836.
c	STAFF AND BOARD APPRECI	6,221.	1,252.	4,949.	20.
d	OTHER DIRECT OPERATING	913.	99.	197.	617.
-	All other expenses	-	·		
25	Total functional expenses. Add lines 1 through 24e	2,014,719.	1,427,751.	380,504.	206,464.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Fa 990 (0010)

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Pal	πX	balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cach non interact bearing		855,680.	1	704,947.
	2	Cash - non-interest-bearing		033,0001	2	704,5476
		Savings and temporary cash investments		30,000.	3	295,106.
	3	Pledges and grants receivable, net		242,083.	4	66,000.
	4	Accounts receivable, net Loans and other receivables from current and for		242,003.	4	00,000.
	5		<i>' '</i>			
		trustees, key employees, and highest compensa Part II of Schedule L	· ·		5	
	6	Loans and other receivables from other disquali	find paragraph (as defined under		3	
	"	•	, ,			
		section 4958(f)(1)), persons described in section	-			
		employers and sponsoring organizations of sect	· · · · · · · · · · · · · · · · · · ·		6	
Assets	_	employees' beneficiary organizations (see instr).	Г			
Ass	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use		40,644.	<u>8</u> 9	18,160.
	9			40,044.	9	10,100.
	10a	Land, buildings, and equipment: cost or other	40-			
		basis. Complete Part VI of Schedule D			40-	
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	14 700	14	72 200	
	15	Other assets. See Part IV, line 11	14,700. 1,183,107.	15	72,280.	
	16	Total assets. Add lines 1 through 15 (must equ		71,573.	16	1,156,493.
	17	Accounts payable and accrued expenses	/1,5/3.	17	41,022.	
	18	Grants payable	60 000	18	0.	
	19	Deferred revenue		60,000.	19	U •
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and former				
Ħ		key employees, highest compensated employee	· ' ' '			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	T T		24	
	25	Other liabilities (including federal income tax, pa	*			
		parties, and other liabilities not included on lines	′ '			
		Schedule D		131,573.	25	41,022.
	26) sheek have X and	131,373.	26	41,022.
		Organizations that follow SFAS 117 (ASC 958				
Ses	07	complete lines 27 through 29, and lines 33 an		1,051,534.	27	1,115,471.
<u>a</u> u	27	Unrestricted net assets		1,031,334.	28	1,113,4116
Ba	28	Temporarily restricted net assets			29	
<u>n</u>	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 059) sheek here		29	
Ť			SC 956), Check here			
s or	20	and complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		1 051 524	32	1 115 171
_	33	Total net assets or fund balances		1,051,534.	33	1,115,471.
	34	Total liabilities and net assets/fund balances .		1,183,107.	34	1,156,493.

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		2,07				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01				
3	Revenue less expenses. Subtract line 2 from line 1	3			37.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,05	1,5	<u>34.</u>		
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10							
	column (B))	10	1,11	5,4	<u>71.</u>		
Pa	rt XIII 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	D .					
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	$ldsymbol{ld}}}}}}}}}$		
	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	$oxed{oxed}$		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
	Act and OMB Circular A-133?		3a		<u> X</u>		
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 in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2018)		

832012 12-31-18

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

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))

Total

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	60,000.	1096000.	1054501.	942,578.	1420317.	4573396.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	60,000.	1096000.	1054501.	942,578.	1420317.	4573396.
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)						2637674.
6	Public support. Subtract line 5 from line 4.						1935722.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	60,000.	1096000.	1054501.	942,578.	1420317.	4573396.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					88.	88.
11	Total support. Add lines 7 through 10						4573484.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,308,602.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	42.32 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	40.49 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	;
	organization meets the "facts-and-circ	umstances" test. 7	he organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	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						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	·······					
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	%
198	a 33 1/3% support tests - 2018. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2017. If the						and
	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	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
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	10b		

Pa	t IV Supporting Organizations _(continued)			
			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,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion of type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	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		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000	tion D. All Type III Supporting Organizations		Vac	No
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		Yes	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	4		
•	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			
	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 Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	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. Complete line 3 below.			
С	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.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.						
	other Type III non-functionally integrated supporting organizations must co	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-functiona	lly integrated	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
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	}	
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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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; Par Section D (See instr	, lines 5, 6	ion D, lir 6, and 8	nes 2 and ; ; and Part	3; Part l' V, Secti	V, Section on E, lines	E, lines 1c, 2, 5, and 6	2a, 2b, 3a . Also con	a, and 3b; Pa nplete this pa	rt V, line 1; Part V, Section B, line 1e; F rrt for any additional information.	Part V,
SCHED	ULE A,	PART	II,	LINE	10,	EXPL	ANATIO	N FOR	OTHER	INCOME:	
OTHER	INCOM	€									
2018	AMOUNT	: \$	88.								

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

2018

Name of the organization Employer identification number

LITERACY TRUST, INC. 59-3551080

Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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						
• •	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
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.							
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization 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), but it must answer "No" 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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	- \$ <u>840,000.</u>	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	\$561,517	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 + 4	- \$	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 Par	t II if additional 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
		<u> </u>	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) 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 w	l writing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ŭ	for charitable purposes and not for the benefit of the donor or		
		denot devices, or for any earlier purpose	
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l l
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
I ai	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.
			nent and belongs about works of out
ıa	If the organization elected, as permitted under SFAS 116 (ASI	•	•
	historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that describ		ince of public service, provide, in Part Alli,
h			t and balance about works of art historical
D	If the organization elected, as permitted under SFAS 116 (ASC	• •	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	scures or other similar assets for financia	'
~	the following amounts required to be reported under SFAS 11		u gaiii, piovide
9	Revenue included on Form 990, Part VIII, line 1		▶ \$
a h	Assets included in Form 990, Part X		
IJ	ASSERT INCIDITED IN FORM STORE THE PROPERTY OF		🚩 🛡

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2018 LITERACY TR	UST,	INC.			59	9-3551080	Page
Part VII Investments - Other Securities.							
Complete if the organization answered "Yes"			, line 1				
(a) Description of security or category (including name of security)	(b)	Book value		(c) Method of v	aluation: Cost or en	id-of-year market	value
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other	+						
(A)	+						
(B) (C)	+						
(D)							
(E)	+						
(F)							
(G)	1						
(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 1	1c. See Form 990,	Part X, line 13.		
(a) Description of investment		Book value			aluation: Cost or en	d-of-year market	value
(1)							
(2)							
(3)	<u> </u>						
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.							
	on Form	000 Dort IV	lino 1	1d Soo Form 000	Dort V line 15		
Complete if the organization answered "Yes") Descripti		, iii le i	ru. See Form 990,	Part A, line 15.	(b) Book v	alue
(1) SECURITY DEPOSITS	Descripti	1011					,280
(2)						1 7 2	, 200
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u>e 15.)</u>				>	72	,280
Part X Other Liabilities.							
Complete if the organization answered "Yes"	on Form	990, Part IV			990, Part X, line 25	5.	
1. (a) Description of liability			(b) Book value			
(1) Federal income taxes							
(2)							
(3)							
(4)							
(5)							
(6)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,078,656.
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,078,656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	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	2,078,656.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	itements With Expe	nses per Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,014,719.
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		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,014,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	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	2,014,719.
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	; Part V, line 4; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information.		
PAF	RT X, LINE 2:			
			~ ~	
THE	TRUST RECOGNIZES THE EFFECT OF INCOME	TAX POSITION	S ONLY IF '	PHOSE
				. ~
POS	SITIONS ARE MORE LIKELY THAN NOT TO BE S	SUSTAINED. MAI	NAGEMENT H	AS
חחת	TEDMINED MILL MILL MDILCH ILAD NO LINGEDMAIN	I MAY DOGIMIO	NG MITAM 1:101	TI D
DEJ	ERMINED THAT THE TRUST HAD NO UNCERTAIN	N TAX POSITIO	NS THAT WO	תחנ
DEC	UIRE FINANCIAL STATEMENT RECOGNITION AN	ID / OD DICCI OCI	יח שעה שמנו	OTTOM TO MO
KEÇ	OIRE FINANCIAL STATEMENT RECOGNITION AP	ND/OK DISCHOS	OKE. INE II	
T ()	IGER SUBJECT TO EXAMINATIONS BY THE APPI	דראסום האעדאו	C TIIDTCDTC	TTONG FOD
ПОГ	GER SUBUECT TO EXAMINATIONS BY THE APPR	TICADLE TAXIN	G JUKISDIC	I TONS FOR
VEZ	ARS PRIOR TO JUNE 30, 2016.			
165	ARS FRIOR TO DONE SU, ZUIU.			

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: INC IS COMMITTED TO HELPING CHILDREN ACHIEVE LITERACY LITERACY TRUST, BY DISSEMINATING HIGH-QUALITY, COST-EFFECTIVE PROGRAMS FOR SCHOOLS AND FAMILIES.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, READING RESCUE BRINGS EXPERTISE IN LITERACY INTERVENTION INTO SCHOOLS. THE IMPROVED PEDAGOGICAL SKILLS ATTAINED BY READING RESCUE INSTRUCTORS BENEFITS ALL STUDENTS THEY WORK WITH, NOT JUST STUDENTS IN READING RESCUE.

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

BEGINNING IN 2018, THE ORGANIZATION BEGAN USING JUSTWORKS, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). AS A PEO, JUSTWORKS PROVIDES PROFESSIONAL EMPLOYER SERVICES TO 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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization
LITERACY TRUST, INC.

TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH

EMPLOYEES.

THE FEE PAID TO JUSTWORKS DURING FY19 WAS \$11,730.

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 (BY HARD COPY OR ELECTRONICALLY) FOR

THEIR REVIEW. ONCE, THE FORM 990 IS APPROVED BY THE BOARD, THE RETURN IS

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 BOARD MEMBERS AND OFFICERS ARE

REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST THAT MAY EXIST WITH THE

ORGANIZATION ON AN ANNUAL BASIS. ANY DISCLOSURES MADE ON THE FORM ARE

REVIEWED BY THE 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 WOULD BE 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

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

INTERESTED PERSON, AND FINAL DISCUSSION ON THE CONFLICT OF INTEREST

TRANSACTION.

19350714 756359 1620768.000

LITERACY TRUST, INC.	59-3551080				
FORM 990, PART VI, SECTION B, LINE 15A:					
THE BOARD OF DIRECTORS APPROVES AND REVIEWS ANNUALLY THE C	OMPENSATION OF				
THE EXECUTIVE DIRECTOR. THE BOARD GATHERS INFORMATION ABOU	T THE				
COMPENSATION OFFERED BY COMPARABLE INSTITUTIONS UNDER COMP	ARABLE				
CIRCUMSTANCES FOR COMPARABLE SERVICES TO ENSURE THAT ITS O	FFERED PACKAGE IS				
COMPETITIVE WITHOUT BEING EXCESSIVE. THIS PROCESS WAS LAST	UNDERTAKEN				
DURING FY19 AND THE RECORDS OF THE COMPENSATION DECISIONS	ARE MAINTAINED IN				
THE ORGANIZATION'S PERSONNEL FILE.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION 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 P	OLICY, FORM 990,				
FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQ	UEST TO 141 WEST				
28TH ST, 6TH FLOOR, NEW YORK, NY 10001.					
FORM 990, PART XII, LINE 2C:					
THE PROCESS FOR ASSUMING RESPONSIBILITY OVER THE AUDIT OF	LITERACY				
TRUST, INC. AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNT	TANT HAS NOT				
CHANGED FROM PRIOR YEARS.					