Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2007

Form 990 (2007)

Department of the Treasury Internal Revenue Service Open to Public Inspection For the 2007 calendar year, or tax year beginning 9/01/07 , and ending 8/31/08 Please С Name of organization Employer identification number Check if applicable use IRS 35-1710780 Address change label or The Literacy Alliance, Inc Telephone number print or Name change Number and street (or P O box if mail is not delivered to street address) 260-426-7323 type. Room/suite Initial return See 709 Clay Street Accounting method: Specific Termination City or town, state or country, and ZIP + 4 Accrual Other (specify) Instruc-Fort Wavne IN 46802 Amended return tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Website:
 ftliteracyalliance.org H(b) If "Yes," enter number of affiliates ▶ Organization type H(c) Are all affiliates included? 3) ◀ (insert no) 4947(a)(1) or | 527 (check only one) (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return Check ▶ | | If the organization is not required 622,983 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received. Contributions to donor advised funds 1a 416,180 1b Direct public support (not included on line 1a) Indirect public support (not included on line 1a) 1c 105,000 86,479 Government contributions (grants) (not included on line 1a) 1đ 596,209 noncash \$ 450) 607,659 Total (add lines 1a through 1d) (cash \$ 16 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 3,318 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 Gross rents 6a 6b b Less: rental expenses C Net rental income or (loss). Subtract line 6b from line 6a 6c Other investment income (describe 7 Gross amount from sales of assets other (A) Securities (B) Other than inventory Less: cost or other basis and sales expenses 8h -73 Gain or (loss) (attach schedule) 8c Net gain or (loss). Combine line 8c, columns (A) and (B) See Stmt 8d -73 Special events and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ 10,886 contributions reported on line 1b) 9a 9b Less: direct expenses other than fundraising expenses Net income or (loss) from special events. Subtract line 9b from line 9a 9c 10,886 Gross sales of inventory, less returns and allowances EIVED 10a 10b Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c <u>1,120</u> Other revenue (from Part VII, line 103) JAN 1 5 2009 11 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7 8d, 9c, 10c, and 11 622,910 12 12 Program services (from line 44, column (B)) 488,663 13 13 38,249 Management and general (from line 44, column (C 14 14 66,607 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 593,519 17 Total expenses. Add lines 16 and 44, column (A) 17 29,391 Net Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 193,137 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 -4,353 See Statement 2 Other changes in net assets or fund balances (attach explanation) 20 218,175 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21

For Privacy Act and Paperwork Reduction Act Notice, see the separate

instructions.

DAA

Form 990 (2007)

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Functional Expenses Do not include amounts reported on line (C) Management (B) Program (A) Total (D) Fundraising services and general 6b. 8b. 9b. 10b. or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in See Statement 3 65,365 26,145 19,610 19,610 25a **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above. to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 26 233,236 217,338 4,995 10,903 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 2,221 25,329 20,891 2,217 25a - 27 28 Payroll taxes 29 24,251 19,993 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 11,297 1,781 8,555 961 33 Supplies 33 3,017 2,009 504 504 Telephone 34 4,283 911 245 35 Postage and shipping 35 3,127 31 41,064 5,081 4,702 Occupancy 36 281 Equipment rental and maintenance 37 37 2,509 6,100 8,888 279 Printing and publications 38 39 973 973 39 Travel 40 Conferences, conventions, and meetings 40 Interest 41 41 5,101 704 Depreciation, depletion, etc. (attach schedule) 6,467 662 42 Other expenses not covered above (itemize): See Statement 4 43a 169,349 152,957 1,809 14,583 b 43b 43c c 43d 43e 43f 43g Total functional expenses, Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 38,249 593,519 488,663 66,607 13-15) 44 Joint Costs. Check ▶ I If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$_ , (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

,			
What is the organization's primary exempt purpose?			Program Service
▶ See Statement 5			Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number			(Required for 501(c)(3) and
of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)			(4) orgs , and 4947(a)(1) trusts, but optional for
organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)			others)
a ADULT INSTRUCTION - ADULT LEARNERS STUDY BASIC SKILLS IN			
READING, WRITING AND MATH UNDER THE GUIDANCE OF LICENSED			
TEACHERS AND VOLUNTEER TUTORS. INSTRUCTION OCCURS THROUGH			
ONE-ON-ONE TUTORING, IN SMALL GROUPS AND IN LEARNING			
CENTER CLASSROOMS. THREE HUNDRED NINETY-THREE ADULTS			
RECEIVED 13,959 HOURS OF INSTRUCTION.			
(Grants and allocations \$) If this amount includes foreign grants, check here	•	\Box	222,074
b READ TO ME - NEW AND GENTLY USED CHILDREN'S BOOKS ARE	•		
GIVEN TO PRE-SCHOOL CHILDREN IN LOW INCOME FAMILIES BY			
PIGGYBACKING ON THE SERVICE DELIVERY SYSTEMS OF OTHER			
LOCAL SOCIAL SERVICE ORGANIZATIONS. 26,302 NEW AND 3,615			
GENTLY USED BOOKS WERE DISTRIBUTED.			
CHAIRI GORD DOORD WHAR DIDIRIDGIED.			
(Grants and allocations \$) If this amount includes foreign grants, check here	•	П	72,425
c FAMILY LITERACY - INTERVENES IN THE INTERGENERATIONAL			
CYCLE OF ILLITERACY BY SUPPORTING PARENTS IN THEIR ROLE			
AS THEIR CHILD'S FIRST TEACHER. 96 FAMILIES PARTICIPATED			
WITH PARENTS COMPLETING 9,699 HOURS OF STUDY.			
WITH TAKENTO CONFEDERING 9,099 HOOKS OF BIODI.			
(Grants and allocations \$) If this amount includes foreign grants, check here	•	\Box	194,164
d	_		104,104
(Grants and allocations \$) If this amount includes foreign grants, check here	•	П	
e Other program services (attach schedule)		<u> </u>	-
	•	П	
(Grants and allocations \$) If this amount includes foreign grants, check here f Total of Program Service Expenses (should equal line 44, column (B), Program services)		.—.	488,663
Total of Freguesia del Free Expenses (silvata equal nice 44, column (b), Freguesia services/			Form 990 (2007)
			FOITH 330 (2007)

	n 990 . ()	2007) The Literacy Alliance,	Inc	35	-1710780		Page 4	
P	art IV	Balance Sheets (See the instructions.)						
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	n the de	escription	(A) Beginning of year		(B) End of year	
	45	Cash—non-interest-bearing			50	45	50	
	46	Savings and temporary cash investments			101,491	46	144,985	
	47a	Accounts receivable	47a					
	b	Less. allowance for doubtful accounts	47b			47c		
	48a	Pledges receivable	48a					
	b	Less: allowance for doubtful accounts	48b			48c		
	49	Grants receivable			23,404	49	22,114	
	50a	Receivables from current and former officers, directors,	trustee	s, and				
ı		key employees (attach schedule)				50a		
	b	Receivables from other disqualified persons (as defined	section 4958(f)(1)) and	,		***************************************		
		persons described in section 4958(c)(3)(B) (att. schedu	le)			50b		
	51a	Other notes and loans receivable (attach						
,,		schedule)	51a					
Assets	b	Less: allowance for doubtful accounts	51b			51c		
As	52	Inventories for sale or use				52		
	53	Prepaid expenses and deferred charges			950	53		
ŀ	54a	Investments—publicly-traded securities		Cost FMV		54a		
	b	Investments—other securities (attach schedule)		Cost FMV		54b		
	55a	Investments—land, buildings, and equipment basis	55a					
	b	Less accumulated depreciation (attach						
		schedule)	55b			55c		
	56	Investments—other (attach schedule)		See Stmt 6	56,612	56	48,860	
	57a	Land, buildings, and equipment: basis	57a	139,130				
	b	Less: accumulated depreciation (attach						
		schedule) . See Statement 7	57b	133,027	12,643	57c	6,103	
	58	Other assets, including program-related investments						
ŀ		(describe >)		58		
_	59	Total assets (must equal line 74) Add lines 45 through	58		195,150	59	222,112	
ľ	60	Accounts payable and accrued expenses			2,013		3,937	
	61	Grants payable				61		
	62	Deferred revenue				62		
es	63	Loans from officers, directors, trustees, and key employ	ees (at	tach				
		schedule)				63		
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)	•			64a	.,	
_	b or	Mortgages and other notes payable (attach schedule)	•	,	<u></u>	64b		
l	65	Other liabilities (describe)		65		
	cc	Total linkilities Add lines CO through CE			2,013	cc	3,937	
\dashv	66 Orga	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ► X a	nd com	plete lines		66	3,931	
-	Orga	67 through 69 and lines 73 and 74.	ina com	piete iiries				
_	67	Unrestricted			103,553	67	111,227	
8	68	Temporarily restricted			89,584		106,948	
aga	69	Permanently restricted			05,301	69	100/510	
B		nizations that do not follow SFAS 117, check here	▶□	and		- 00		
ğ	O.gu	complete lines 70 through 74.		unu				
님	70	Capital stock, trust principal, or current funds				70		
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipme	ent fund		···	71		
SSE	72	Retained earnings, endowment, accumulated income, of		ł		72		
¥	73	Total net assets or fund balances. Add lines 67 throu		ľ		- <u>-</u>		
ž			through 72 (Column (A) must equal line 19 and column (B) must					
		equal line 21)	(D)		193,137	73	218,175	
	74	Total liabilities and net assets/fund balances. Add lin	nes 66 a	and 73	195,150		222,112	

For	1990 (2007) The Literacy Alliance, Inc	35-1710	780			Page 5
	art IV-A Reconciliation of Revenue per Audited Financial St			etur	n (See th	
_	instructions.)		,		(555	•
а	Total revenue, gains, and other support per audited financial statements	<u> </u>		а		628,457
b	Amounts included on line a but not on Part I, line 12					
1	Net unrealized gains on investments	_b1	-4,353			
2	Donated services and use of facilities .	b2	9,900			
3	Recoveries of prior year grants	b3				
4	Other (specify):					
		b4				
	Add lines b1 through b4			b		5,547
C	Subtract line b from line a		ļ	С		622,910
ď	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify):					
		_d2				
	Add lines d1 and d2		4	d		
<u>e</u>	Total revenue (Part I, line 12). Add lines c and d		>	е		622,910
P	art IV-B Reconciliation of Expenses per Audited Financial S	statements With E	xpenses per	r Ret		
а	Total expenses and losses per audited financial statements		ŀ	а		603,419
b	Amounts included on line a but not Part I, line 17:	11	0 000			
1	Donated services and use of facilities	b1	9,900			
2	Prior year adjustments reported on Part I, line 20	b2				
3	Losses reported on Part I, line 20	b3				
4	Other (specify):					
	Add to a bath or the fa	b4				0 000
_	Add lines b1 through b4		}	b		9,900
C	Subtract line b from line a		}	С		<u>593,519</u>
d	Amounts included on Part I, line 17, but not on line a:	ا مد ا	I			
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify)	40				
	Add lines d1 and d2	d2				
	Total expenses (Part I, line 17). Add lines c and d			d e		593,519
P	art V-A Current Officers, Directors, Trustees, and Key Emp	loves (List each par	on who was an			
• 1	or key employee at any time during the year even if they were not cor			onicei	r, director, irt	isiee,
		(B)	(C) Compensation	n (D)	Contributions to	(E) Expense
	(A) Name and address	Title and average hours per week devoted to position	(if not paid, ent	er pla	nployee benefit ins & deferred ipensation plans	account and other allowances
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued). 7.5a Enter he to lain member of fifters, director, and trustees permitted to vote on organization business at board meetings ▶ 1.2 ▶ Ave any officers, directors, frustees, or key employees laided in Form 980, Part V-A or highest compensated employees lated in Schedule A Part I, or highest compensated professional and other independent contractors lated in Schedule A Part I, and the professional and other independent contractors lated in Schedule A Part II. As IIIB. III. Beart III. B	Form	1990 (2007) The Literacy Alliance, Inc	35-1710	780			F	age 6
meetings								No
b Are any officers, directors, Insidens, Insidens, or key employees listed or in mm 930, Part V-A, or highest compensated employees listed or in Schodule A, Part I, or highest compensated professional and other independent contractors listed in Schodule A, Part II, and place to their through family or business relationships? If "Yes," attach a statement that identifies its high-viduals and oxplains the relationships? © Do any officers, directors, truttees, or key employees listed in Porm 990, Part V-A, or highest compensated employees listed on Schodule A, Part II. or high is compensated professional and other independent contractors listed in Schodule A, Part II. or high is compensated professional and other independent contractors listed in Schodule A, Part II. or high is compensated professional and other independent contractors listed in Schodule A, Part II. or high is compensated professional and other independent contractors listed in Schodule A, Part II. or high is compensated in the instructions for the definition of "related organization" or trauble, and in related to the organization from any other part in the instructions of the second organization in the part of	75a	Enter the total number of officers, directors, and trustees permitted to vote on organic	inization business at boa	ırd				
employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest contractors lated in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors listed and Schedule A, Part II, or highest compensated professional and other independent contractors in the definition of related organization in an extraction of related organization in the submitted in the part II of the definition of related organization in the submitted in the part II of II		meetings	▶ 12					
contractors listed in Schedule A, Part II.4 or III.5, related to each other through family or business relationships (II "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustess, or key employees listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed or Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed or Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed or Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors listed in Schedule A, Part II. or III.5, receive compensation from any other independent contractors. See Statement 9 75b	b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A	, or highest compensate	ed				
c Do any officers, directors, hustees, or key employees listed an Form 990, Part V-A, or highest compensated employees listed an Schedula A, Part I, or highest compensated professional and other independent contractors listed an Schedula A, Part I, or highest compensated professional and other independent contractors listed an Schedula A, Part I and high a part I and a part I an			•					
c Do any officers, directors, Inviteles, or key employees listed in Form 990, Part V-A or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether are veempt or trauble, that has relieved to the instructions for the definition of "related organization" are relieved to the organization from any other in the definition of "related organization" are relieved to the organization from the definition of "related organization" are relieved to the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, furstee, or key employee received compensation or other benefits (described below) during the year; that that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) Part VI								
compensated employees listed in Schedule A. Part I. of highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organizations from the definition of related organization. If Yees, "attach a statement that includes the information described in the instructions. See Statement 9 Test X X X X X X X X X X		relationships? If "Yes," attach a statement that identifies the individuals and explain	ns the relationship(s)			75b	,,,,,,	X
compensated employees listed in Schedule A. Part I. of highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organizations from the definition of related organization. If Yees, "attach a statement that includes the information described in the instructions. See Statement 9 Test X X X X X X X X X X		B						
independent contractors listed an Schedule A. Part II-A or II-B. receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." I "Yes," attach a statement that includes the information described in the instructions. See Statement 9 Tomer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (flary former officers, director, fusice, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (C) Compensation or Other Benefits (C) Compensation (C	С	• • • •	-					
organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" of "related organization" of "related organization" or "related organization" have a written conflict of interest policy? Part V-B Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate coloum. See the instructions.) (A) Name and address (A) Name and address (B) Loans and Advances (
the definition of related organization is a statement that includes the information described in the instructions. 1		•	•			1		
If "Yes," attach a statement that includes the information described in the instructions. Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that the appropriate column. See the column. See the instructions.) (A) Name and address (B) Lears and Advances (C) Compensation (C) C) Compensation (C) Compensation (C) Compensation (C) C) Compensation (C) Compensation (C) C) C) Compensation (C) C) C) Compensation (C) C) C		· ·	See the instructions for			750	x	
d. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (lift any former officer, director, fusites, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (G) Compensation (G) Completing (G) Compl		_	one See	Statem	ent 9	730		
Part VI Other Information (See the instructions.) Part V	ď		ons.	beacen		75d	x	
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loins and Advances (C) Compensation (C) Compensation (P) Compensation (P	P		ovees That Receiv	ved Compe	nsation or Ot			fits
Part VI Other Information (See the instructions.) Yes Information (see the inst			•	-				
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Yes Name and address								
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) But of the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change To Were any changes made in the organizing or governing documents but not reported to the IRS? To Were any changes made in the organizing or governing documents but not reported to the IRS? To X If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? To But If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? Bita Enter direct and indirect political expenditures (See line 81 instructions) Bita Enter direct and indirect political expenditures (See line 81 instructions) Bita Enter direct and indirect political expenditures (See line 81 instructions)			(2)		(D) Contributions to			
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) But of the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change To Were any changes made in the organizing or governing documents but not reported to the IRS? To Were any changes made in the organizing or governing documents but not reported to the IRS? To X If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? To But If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? Bita Enter direct and indirect political expenditures (See line 81 instructions) Bita Enter direct and indirect political expenditures (See line 81 instructions) Bita Enter direct and indirect political expenditures (See line 81 instructions)		(A) Name and address	(B) Loans and Advances		plans & deferred compensation plans			
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. The Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The Dif "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement The Organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The Organization of the organization and check whether it is exempt or nonexempt and check whether it is exempt or n	N/	A						
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detailed statement of each change 76			ities? If "Yes," attach a		ſ			
If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 8 b If "Yes," has it filed a tax return on Form 990-T for this year? 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a If "Yes," enter the name of the organization organization. 80a X 80a X B If "Yes," enter the name of the organization and check whether it is exempt or nonexempt nonexempt. 81a Enter direct and indirect political expenditures (See line 81 instructions) 81b X			•			76		х
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78a	77	Were any changes made in the organizing or governing documents but not reporte	ed to the IRS?		[77		X
this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b		If "Yes," attach a conformed copy of the changes.						
b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	78a	Did the organization have unrelated business gross income of \$1,000 or more dur	ing the year covered by					
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X		this return?				78a		X
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Solution	79	Was there a liquidation, dissolution, termination, or substantial contraction during t	he year? If "Yes," attach					
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt B1a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X		a statement			Ĺ	79		X
organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt B1a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year?	80a	Is the organization related (other than by association with a statewide or nationwid	e organization) through		[
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt B1a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year?		common membership, governing bodies, trustees, officers, etc., to any other exem	npt or nonexempt		ļ	1		
and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X		organization?			Ĺ	80a		X
81a Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	b			<u>—</u>	l			
b Did the organization file Form 1120-POL for this year?			whether it is exem	pt or non	, E			
	81a	, , , , , , , , , , , , , , , , , , , ,	Ĺ	31a	0	1		
Form 990 (20)	<u> </u>	Did the organization file Form 1120-POL for this year?	<u> </u>				<u> </u>	_X_

Form	990(2007) The Literacy Alliance, Inc 35-1710	780		P	age 7
Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a	Х	
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.				
	· · · · · · · · · · · · · · · · · · ·	32 ь 9,900			l
83a	Did the organization comply with the public inspection requirements for returns and exemption applications	· - · - · - · - · - · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - ·	83a	x	1
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	11/11	84a	-	х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		044		<u> </u>
b		N/A		. 1	1
05-	gifts were not tax deductible?		84b	-	\vdash
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	ก			ĺ
	received a waiver for proxy tax owed for the prior year.	,	1		ĺ
С	_	35c			
d		35d			
е		35e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	35f			İ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				İ
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	_			ĺ
	following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12	36a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			ĺ
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	37a			
b	Gross income from other sources. (Do not net amounts due or paid to other	1			
	sources against amounts due or received from them.)	37ь			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		_X_
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 1	88b		х
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	·			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶	0			ĺ
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	_			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction		89b		X_
С	Enter. Amount of tax imposed on the organization managers or disqualified				
-	persons during the year under sections 4912, 4955, and 4958	▶0			
Ь	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
-	transaction?		89e		x
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	act?	89f		X
g g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	ict:	03.		
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding:				
	at any time during the year?	'	89g	:	Х
90a	List the states with which a copy of this return is filed IN	l	oəy		
	1,				
Ü	Number of employees employed in the pay period that includes March 12, 2007 (See	الممدا			2 5
010	instructions) The backs are in core of the THDTTH CTARTILL	90b 2.00	126	72	<u>25</u>
JIA	The books are in care of ► JUDITH STABELLI	Telephone no. ▶ 260 -	426	- 13	∠3
	709 CLAY STREET				
	Located at ▶ FORT WAYNE, IN	ZIP+4 ► 46802			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ty	,		г
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		Yes	No
	account)?		91b	ل	X
	If " Yes," enter the name of the foreign country				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				1
	and Financial Accounts			į l	Í

Form 99	0 (2007)	The Literacy A	lliance, I	nc	35-1	71078 <u>0</u>			Pa	age 8
Part	VI	Other Information (cont							Yes	No
c At	any time	e during the calendar year, did the	organization maintail	n an office outsi	de of the United Sta	ites?	_	91c		X
lf "	"Yes," er	nter the name of the foreign count	ry 🕨							_
9 2 Se	ection 49	47(a)(1) nonexempt charitable tru	ists filing Form 990 in	lieu of Form 10	41—Check here				•	▶ ∐
an	nd enter t	he amount of tax-exempt interest	received or accrued	during the tax ye	ear		▶ 92			
Part	VII	Analysis of Income-Pro	ducing Activitie	s (See the in	nstructions.)					
Note: Er	nter gros	s amounts unless otherwise		Unrelated	business income	Excluded by	section 512, 513, or 514		(E)	
indicated	d.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		lated or ot functio	חח
93 Pr	rogram s	ervice revenue.		Business code	Amount	code	Amount		come	
a										
b _										
c _			_							
d _	-									
е										
f Me	edicare/N	Medicaid payments								
g Fe	ees and o	contracts from government agenc	ies							
94 Me	embersh	ip dues and assessments								
95 Int	terest on	savings and temporary cash inve	estments			14	3,318			
96 Di	Dividends and interest from securities									
97 Ne	et rental i	income or (loss) from real estate.								
a de	ebt-financ	ced property								
b no	ot debt-fir	nanced property								
98 Ne	et rental i	income or (loss) from personal pro	operty							
99 Ot	ther inve	stment income								
1 00 Ga	ain or (lo	ss) from sales of assets other tha	n inventory			1 1	-73			
101 Ne	et income	e or (loss) from special events				3	10,886			
102 Gr	ross prof	it or (loss) from sales of inventory	,							
103 Ot	ther reve	nue: a								_
b	MISC	INCOME				1	1,120			
c _										
d										
е										
1 04 Su	ubtotal (a	dd columns (B), (D), and (E))				0	15,251			0
105 To	otal (add	line 104, columns (B), (D), and (E	Ξ))				-		15,2	<u> 251</u>
lote: Lir	ne 105 p	lus line 1e, Part I, should equal th								
Part '		Relationship of Activition								
Line	No.	Explain how each activity for wh					y to the accomplishm	ent		
	<u> </u>	of the organization's exempt pu	rposes (other than by	providing funds	for such purposes).				
N/A	<u> </u>									
<u>.</u>			-							
				···						
				<u> </u>		4141 (7				
Part	ŧΧ	Information Regarding		iaries and D		tities (See		<u>;.)</u>	E/	
p	artnersh	ess, and EIN of corporation, ip, or disregarded entity	(B) Percentage of ownership interest	Na t	(C) ture of activities	Т	otal income	End-c	E) of-year sets	
	N/A			%						
				%						
				%						
				%						
Part :	X	Information Regarding	Transfers Asso	ciated with I	Personal Bene	fit Contrac	ts (See the inst	ruction	s.)	
(b)	Did the o	organization, during the year, rece organization, during the year, pay	premiums, directly or	indirectly, on a		•	nefit contract?	\vdash	es X	1
Note	e: If "Yes	" to (b), file Form 8870 and Form	4720 (see instruction	ns).					-000	
								For	m 990	(2007

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the orga	anization	The Li	iterac	y Alliance, Inc		35-171078	fication number
Part I	Compensation	of the Five Highest Paid Emp			s Directors a		
1 4147		the instructions. List each one				na mastees	•
		ress of each employee paid more	J. 11 11101	(b) Title and average hour		(d) Contributions to	
		han \$50,000		per week devoted to position	I (a) Componention	empl benefit plans & deferred comp	account and other allowances
JUDITH STAE	BELLI	FORT WAYNE		EXECUTIVE DI			
709 CLAY ST		IN 46802	,	40	65,365	8,416	· c
							<u> </u>
-		· · · · · · · · · · · · · · · · · · ·					
				-	-		
Total number of	of other employees paid		•	0			J
Part II-A		of the Five Highest Paid Inde					
		<u>the instructions. List each one</u>					
	(a) Name and addre	ss of each independent contractor paid more	e than \$50,	000	(b) Type of se	ervice (d	Compensation
NONE		•					
							•
			_				
	of others receiving over	\$50,000 for					
professional se		of the Circ Highest Daid Inde	• • • • • • • • • • • • • • • • • • •		Mh Ci		
Part II-B		of the Five Highest Paid Inde actor who performed services				individuale	or
		e none, enter "None." See pa			vices, wrietrier	IIIuiviuuais	OI .
		ss of each independent contractor paid more			(b) Type of se	ervice (c) Compensation
NONE	(-)				(5) 1,70 51 51		
NONE							

				"	·		
		••	-				
Total number of	of other contractors rec	eiving over				<u>.</u>	
\$50,000 for oth			▶				
For Paperwor	k Reduction Act Notic	ce, see the Instructions for Form 990	0 and Fo	rm 990-EZ.	Schedule	A (Form 990	or 990-EZ) 200

<u>Sch</u>	edule A (Form 990 or 990-EZ) 2007 The Literacy Alliance, Inc 35-1710780		F	Page 2
P	rart III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	1		х
2	the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		***************************************	
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		<u>x</u>
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	2d	х	
e	Transfer of any part of its income or assets?	2e		X
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	ļ	х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u>3c</u>		X_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		х
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
_				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		C)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Sche	edule	A (Form 990 or 990-EZ) 2007 The Lit	eracy Alliar	ice, inc		35-1/10	/80 Page 3			
P	art l'	V Reason for Non-Private Found	ation Status (See բ	pages 4 through 8	of the instr	ructions.)				
l cer	tify th	at the organization is not a private foundation bed A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	ox)					
6		A school. Section 170(b)(1)(A)(II) (Also complet	e Part V.)							
7		A hospital or a cooperative hospital service orga	inization. Section 170(b)(1)(A)(III).						
8		A federal, state, or local government or government	nental unit. Section 170(b)(1)(A)(v)						
9		A medical research organization operated in cor	njunction with a hospital.	Section 170(b)(1)(A)(III)	Enter the ho	spital's name,	city,			
		and state ▶								
10		An organization operated for the benefit of a coll (Also complete the Support Schedule in Part IV	-	or operated by a goverr	nmental unit. S	ection 170(b)(1))(A)(iv).			
11a	X	An organization that normally receives a substated 170(b)(1)(A)(vi). (Also complete the Support So		om a governmental unit	or from the ge	neral public. Sed	ction			
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A.)					
12 13	from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A)									
		requirements of section 509(a)(3) Check the bo	x that describes the type Type III-Functionally Inte		tion be III-Other					
		Provide the following inform	ation about the suppor	ted organizations. (Se	ee page 8 of the	e instructions.)				
(a) Name(s) of supported organization(s)		(a)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the si organizati the su organi	d) upported on listed in opporting zation's documents?	(e) Amount of support			
		· · · · · · · · · · · · · · · · · · ·			Yes	No				
							<u> </u>			
			-							
Tota	1				<u>. </u>	>				
14		An organization organized and operated to test t	for public safety Section	509(a)(4). (See page 8	of the instructi	ons)				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

<u>note</u>	: You may use the worksheet in the instruc	tions for converting from	n the accrual to the cas	n method of accounting		
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants. See line 28.)	559,383	651,585	465,933	714,899	2,391,800
1 <u>6</u>	Membership fees received					0
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's chantable, etc , purpose				·	0
18	Gross income from interest, dividends,			:		
	amounts received from payments on securities			:		
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated					
	business taxable income (less section 511					
	taxes) from businesses acquired by the					
	organization after June 30, 1975	4,604	5,010	1,427	1,265	12,306
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on			•		
	its behalf					0
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of					
	services or facilities generally furnished to the					_
	public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from					
	sale of capital assets SCMC 10	13,443			9,852	48,707
23	Total of lines 15 through 22	577,430			726,016	
<u> 24</u>	Line 23 minus line 17	577,430			726,016	2,452,813
<u> 25 </u>	Enter 1% of line 23	5,774			7,260	40.056
26	Organizations described on lines 10 or		• •		▶ 26a	49,056
D	Prepare a list for your records to show the		-	•		
	governmental unit or publicly supported or	-	-		ne n	007 005
_	amount shown in line 26a. Do not file thi Total support for section 509(a)(1) test: E	•		ese excess amounts	≥ 26b ≥ 26c	897,895 2,452,813
d	Add: Amounts from column (e) for lines.	18 12,			200	2,452,015
•	Add. Amounts from Column (c) for fines.	22 48,		897,895	▶ 26d	958,908
6	Public support (line 26c minus line 26d to		707 200	037,033	▶ 26e	1,493,905
	Public support percentage (line 26e (ne	•	ine 26c (denominator		≥ 26f	60.9058%
27	Organizations described on line 12:			17 that were received t		
	person," prepare a list for your records to				•	i
	Do not file this list with your return. En	ter the sum of such am	ounts for each year:	•		N/A
	(2006) (2	(005)	(2004)	(2003)	•
b	For any amount included in line 17 that wa	as received from each p	person (other than "disc	qualified persons"), prep		ds to
	show the name of, and amount received f	or each year, that was	more than the larger of	(1) the amount on line	25 for the year or (2) \$	5,000.
	(Include in the list organizations described	in lines 5 through 11b,	as well as individuals.	Do not file this list w	ith your return. After o	computing
	the difference between the amount receiv	ed and the larger amou	int described in (1) or (2	2), enter the sum of the	se differences (the exc	ess
	amounts) for each year:					N/A
	(2006) (2	(005)	(2004)	(2003)	
С	Add: Amounts from column (e) for lines	15	16			
	17		21		▶ 27c	
d	Add: Line 27a total	and line 27b	total		▶ 27d	
e	Public support (line 27c total minus line 27	7d total)			▶ 27e	
f	Total support for section 509(a)(2) test. E	nter amount from line 2	3, column (e)	▶ 27f		
g	Public support percentage (line 27e (ne	umerator) divided by I	ine 27f (denominator))	▶ 27g	%
h	Investment income percentage (line 18	, column (e) (numerat	or) divided by line 27	f (denominator))	▶ 27h	%
28	Unusual Grants: For an organization des	scribed in line 10, 11, or	12 that received any u	nusual grants during 20	03 through 2006,	
	prepare a list for your records to show, for	r each year, the name o	of the contributor, the da	ate and amount of the g	rant, and a brief	
	description of the nature of the grant Do	not file this list with y	our return. Do not inclu	de these grants in line	15	

Page 5

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	:	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			ŀ
	programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	24		
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			l
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	201		
_	basis?	32b_		\vdash
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
u	copies of all material used by the organization of on its behalf to solidit contributions:	J_U		\vdash
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	·			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		├
_	Administration ashings	226	}	
Þ	Admissions policies?	33b_		
С	Employment of faculty or administrative staff?	33c		
Ŭ	Employment of labelity of administrative statis.	500_		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
				ļ
f	Use of facilities?	33f	<u> </u>	<u> </u>
g	Athletic programs?	33g	<u> </u>	├─
.	Other outresurrender cetuation?	226	ŀ	1
"	Other extracurricular activities?	33h_		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
	, so the to any of the decision, present (in your need more species) attack a coparate section in it.			
	•			
84a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<u> </u>	├─
_				
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05			
,,,	of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	İ	1
	Critical Fig. 100 (1070-200). 501, Covering Toolar Hondoorinination: In Two, attacht all explanation	_ 55_		

	tule A (Form 990 or 990-EZ) 2007 T. rt VI-A Lobbying Expend			Inc s (See na	ge 11 d		5 - 17 tructio			Page 6
1 44	(To be completed	•		•	_		N/A	•		
Check							d "limite	d cont	trol" provisions apply	<u>/. </u>
		Lobbying Expen				(a Affiliated tota			(b) To be complete for all electing organizations	ed
		ures" means amounts	·						Organizations	
	otal lobbying expenditures to influence				36					
	otal lobbying expenditures to influence		ct lobbying)		37				<u> </u>	
	otal lobbying expenditures (add lines 36	37)			38					
	ther exempt purpose expenditures	1 00 100)			39					
	otal exempt purpose expenditures (add	•			40					
	obbying nontaxable amount. Enter the a		·							
	the amount on line 40 is-	20% of the amount	ontaxable amount is-	7						
	ot over \$500,000 ver \$500,000 but not over \$1,000,000		of the excess over \$500,0							
	ver \$1,000,000 but not over \$1,500,000		of the excess over \$1,000		41					
	ver \$1,500,000 but not over \$1,000,000	· ·	of the excess over \$1,500,		7					
	ver \$17,000,000 but not over \$17,000,000	\$1,000,000	i tile excess over \$1,000,							
	rassroots nontaxable amount (enter 25				42]	
	ubtract line 42 from line 36. Enter -0- if	•	e 36		43					
	ubtract line 41 from line 38. Enter -0- if				44					
			3 33						I	
C	aution: If there is an amount on either	line 43 or line 44, vou r	nust file Form 4720							
			aging Period Und	ler Sectio	n 501(h)				
	(Some organization	ns that made a section	• •		•	•	columns	belov	٧.	
		See the instructions for								
			Lobbying Expe	nditures Du	ring 4-Y	ear Averag	ing Pe	riod		
C	alendar year (or	(a)	(b)	(c)		(d)		(e)	
fis	scal year beginning in)	2007	2006	200)5	:	2004		Total	
45 14	abbying partayable amount									
	obbying nontaxable amount					1				
	obbying ceiling amount (150% of					1				
111	ne 45(e))					+				
47 To	otal lobbying expenditures									
					•					-
48 G	rassroots nontaxable amount					<u> </u>				
49 G	rassroots ceiling amount (150% of	1				Ī				
lin	ne 48(e))		•••••••••••••••••••••••••••••••••••••••			<u></u>				
	rassroots lobbying expenditures rt VI-B Lobbying Activity	N	Selette Oberetter						<u> </u>	
Fal		-		-l-4- D-4	\/I A\/	C	- 44	. £ 41	· i	NT / 70
<u></u>	(For reporting only					See pag	<u>e 14 (</u>	or the	instructions.)	N/A
	the year, did the organization attempt		=	_	ıy		Yes	No	Amount	
	pt to influence public opinion on a legisl	ative matter or referen	aum, through the use o	or:						
	Volunteers									
	Paid staff or management (Include cor Media advertisements	npensation in expense	s reported on lines c tr	iiougn n.)			\vdash		•	
		a public	•			•	-			
	Mailings to members, legislators, or the	•					\vdash			
	Publications, or published or broadcas Grants to other organizations for lobby									
		= 1	e or a logislativa had-				\vdash			
	Direct contact with legislators, their sta	-	-				\vdash			
	Rallies, demonstrations, seminars, cor Total lobbying expenditures (Add lines		cures, or any other m	callo				-	-	
	If "Yes" to any of the above, also attack	• •	detailed description of	the lobbung	activities				<u> </u>	
		otatoment giving a	O	Jubying	~011411163				 	

6321	100 12/04/2008 1	0 09 AM							
Sche				teracy Alliance,		35-171078		P	age 7
P		-		ensfers To and Transaction		nships With Nonchari	table		
51				e page 14 of the instruction by engage in any of the following with		zation described in section			
J 1			-	organizations) or in section 527, re					
а	• •	•		oncharitable exempt organization of		•		Yes	No
	(i) Cash			, , ,			51a(i)		Х
	• •	assets					a(ii)		Х
b	Other transa	ctions:							
	(i) Sales	or exchanges of assets	s with a nonc	haritable exempt organization			b(i)		Х
		ases of assets from a r	noncharitable	exempt organization			b(ii)		Х
	(iii) Rental	l of facilities, equipmen	t, or other as	sets			b(iii)		Х
	(iv) Reimb	ursement arrangemen	ts				b(iv)		X
	(v) Loans	or loan guarantees					_b(v)		X
	(vi) Perfor	mance of services or n	nembership o	or fundraising solicitations			b(vi)		X
С	Sharing of fa	icilities, equipment, ma	ılıng lists, oth	er assets, or paid employees			С		X
d	If the answer	r to any of the above is	"Yes," comp	lete the following schedule. Column	(b) should always	show the fair market value of	the		
	goods, other	assets, or services giv	en by the re	oorting organization. If the organizat	ion received less t	han fair market value in any			
	transaction of	or sharing arrangement	, show in col	umn (d) the value of the goods, other	er assets, or servic	es received:			
	(a) Line no	(b) Amount involved	Name of	(c) f nonchantable exempt organization	Description	(d) of transfers, transactions, and sh	аппд алгапдел	nents	
N/.	A	,				-			
						···			
								•	
							•		
			<u> </u>						
52a	Is the organia	zation directly or indire	ctly affiliated	with, or related to, one or more tax-	exempt organization	ons	_	_	_
b		section 501(c) of the Copplete the following sch		nan section 501(c)(3)) or in section (527?		▶ [] Y	es 🛚 🗵	No
		(a) lame of organization		(b) Type of organization		(c) Description of relationship			
1	N/A					·	-		
	,	·							
									
				·/····			-		
	_			-					
						- · · · · · · · · · · · · · · · · · · ·			
				-					

Schedule A (Form 990 or 990-EZ) 2007

4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

The Literacy Alliance, Inc

OMB No 1545-0172

Identifying number

35-1710780

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 125,000 2 Total cost of section 179 property placed in service (see instructions) 500,000 Threshold cost of section 179 property before reduction in limitation 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed 14 property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 6,353 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recover (g) Depreciation deduction (f) Method (a) Classification of property year placed in (business/investment use (e) Convention penod only-see instructions) service 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property S/I 25 yrs 25-year property S/L Residential rental 27 5 yrs. MM property 27.5 yrs. MM S/L MM Nonresidential real S/L 39 yrs. property ММ S/L Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/I 12-year b 40-year 40 vrs ММ S/L C Part IV Summary (see instructions) Listed property. Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 6,353 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 Form 4562 (2007) For Paperwork Reduction Act Notice, see separate instructions.

	he Literacy All	liance,	Inc		3	5-17	1078	30							Done '
******	art V Listed Proper	tv (Include a	automobi	les. ce	tain o	ther ve	hicles	. cellul	ar teler	phones	. certa	ain cor	mouter	s. and	Page 2
	property used	for entertain	nment, re	creatio	n, or a	amusei	ment.)		•					-,	
	Note: For any veh 24a, 24b, columns	icle for which you (a) through (c)	ou are using of Section A	the stan A, all of S	dard mil ection E	eage rat B, and Se	e or ded ction C	ucting lea of applica	ase expe ble.	ense, con	nplete o	nly			
Sect	tion A-Depreciation and Othe	er Information	(Caution: S	ee the in:	struction	s for lim	ts for pa	ssenger	automot	oiles.)			.,		
24a	Do you have evidence to support	the business/inve	estment use cl	aimed?		Yes	No	24b	If "Yes,"	ıs the ev	idence v	written?		Yes	No
	(a) (b) of property Date placed in service first)	(c) Business/ investment use percentage	(d Cost or bas	other		(e) is for depr siness/inve use only	estment	(f) Recover period	, i	(g) lethod/ nvention	ı	(h) Depreciat deductio		Ele-	(i) cted on 179 ost
25	Special allowance for qualifie tax year and used more than	ed Gulf Opportu				service d		е	<u> </u>	25					
26	Property used more than 50%				e iiisu u	<u> </u>				1 23	<u> </u>			<u>t</u>	
=-		, o iii e quaiii e													
		%												L	
														1	
		%				<u>.</u>	····	l	_1					l	
27	Property used 50% or less in	a qualified bus	iness use:					1	1					<u> </u>	
		%							S/L	_					
		70						 	1 3/1		1				
		%							S/L						
28	Add amounts in column (h), l	ines 25 through	27. Enter h	ere and	on line 2	1, page	1			28				<u> </u>	
<u>29</u>	Add amounts in column (i), lir	ne 26 Enter he	re and on lir	e 7, pag	e 1								29		
0				ction B-l											
	iplete this section for vehicles u u provided vehicles to your emp										pleting t	his sect	ion for th	ose veh	ıcles
30	Total business/investment mi	iles driven		(;	a)	(o)	1	;)	(0	. <u> </u>		(e)	1	(f)
	during the year (do not include			Vehi	-	1 '	cle 2		cle 3	Vehic	-	1	nde 5	1	icle 6
	miles)	_													
31	Total commuting miles driver	n during the yea	ır												
32	Total other personal (noncom	•	driven												
33	Total miles driven during the	year. Add		1											
34	lines 30 through 32 Was the vehicle available for	nerconal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5 4	use during off-duty hours?	personal		163	140	163	_110	163	110	163	110	163	110	163	"
35	Was the vehicle used primari	ily by a													
	more than 5% owner or relate	ed person?													
36	Is another vehicle available for											<u> </u>	ļ		
		ection C-Ques							-	-	-				
	ver these questions to determing more than 5% owners or relate	-	•	•	leting Se	ection B	for vehic	des used	by empl	oyees w	no are				
noti	note than 5% owners of felate	u persons (see	insuuctions									•		Yes	No
37	Do you maintain a written pol	licy statement th	nat prohibits	all perso	nal use	of vehicl	es, ınclu	iding con	muting,	by your e	employe	es?			1
38	Do you maintain a written pol	=	-	-				-	-						
	See the instructions for vehic	les used by cor	porate office	ers, direc	tors, or	1% or m	ore owne	ers							<u> </u>
39	Do you treat all use of vehicle		-												—
40	Do you provide more than five				informa	ation fror	n your e	mployee	s about						
41	the use of the vehicles, and re Do you meet the requirement			•	emonetr	ation use	2 (See	inetrijetie	ne l						\vdash
7.	Note: If your answer to 37, 38														
Pa	art VI Amortization														
			(b)	1	7		(c)		(d)		(e)	4.00		(f)	
	(a) Description of costs		Date amo	rtization		Amo	rtızable		Cod	ie	Amortiza period	or		ortization	for
			begi		<u> </u>		nount		secti	UII .	percenta	age		this year	
42	Amortization of costs that beg	gins during your !	· 2007 tax ye	ear (see i	nstruction	ons)				 -T		—т			
43	Amortization of costs that beg	gan before vour	2007 tax ve	ear				· <u>-</u>	<u> </u>	I		43			111
44	Total. Add amounts in colum	-			to repor	t .						44			11,1

Form **4562** (2007)

	- -		Sp	ecial Event	s Schedule				·
Form 99	90						_	/21/22	2007
		For calendar year	2007, or tax year beg	ınning	9/01/07	, and ending	8	/31/08 Employed Idea	tification Number
Name								Employer iden	uncauon Number
The Lit	terac	y Allianc	e, Inc					35-1710	780
			(A)	(B)	(C)		Oth	ers	Total
Gross receipt	s		10,886	()	0		0	10,886
Less contrib			0			0		0 -	0
Gross revenu			10,886			0		0	10,886
Less direct			0	(0 _			0
Net income (le	oss)		10,886	(<u> </u>	<u> </u>		0 =	10,886
Description:	(A)	MISCEL	LANEOUS						
	(B)								
	(C)								
	(0)	*************************************	· · · · · · · · · · · · · · · · · · ·						
	Others								
					·				
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35-1710780

Federal Statements

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FYE: 8/31/2008

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Net Unrealized Gains on Investments	\$_	-4,353
Total	\$_	-4,353

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č	3

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Federal Statements

	Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers	II, Line 25a - Compens	ation of Current Officers	
Name	Program Services	Management & General	Fundraising	
Expenses	₩	ধ্য	₩.	
EXECUTIVE DIRECTOR Compensation	26,145	19,610	19,610	
Total	\$ 26,145	\$ 19,610	\$ 19,610	

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Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		otal enses	Program Service	Mgt & General	Fund- Raising
	\$	\$		\$	\$
MISCELLANEOUS					
SPECIAL EVENT EXPENSES		7,749			7,749
Expenses					
STAFF DEVELOPMENT		6,139	5,530		609
INSTRUCTION	2	26,031	26,031		
RESOURCE MATERIAL	<u>!</u>	57,545	57,545		
ADVERTISING AND PROMOTION		3,644	725		2,919
PROFESSIONAL FEES		35,392	31,359	1,171	2,862
INSURANCE		3,222	2,668	354	200
DUES AND SUBSCRIPTIONS		1,206	678	284	244
MISC STUDENT EXPENSE		10,627	10,627		
CHILDCARE		17,794	17,794		
Total	\$ 10	69,349 \$	152,957	\$ 1,809	\$ 14,583

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Federal Statements

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

FYE: 8/31/2008

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Description

THE LITERACY ALLIANCE STRIVES TO END ILLITERACY BY TEACHING ADULTS THROUGH LEARNING CENTERS, LITERACY PROGRAMS AND TUTORING SERVICES THAT EMPOWER INDIVIDUALS TO SUCCEED AT WORK, AT HOME, AND IN THE COMMUNITY. TO THAT END, THE ORGANIZATION PROVIDES INSTRUCTION FOR ADULTS THROUGH ONE-ON-ONE TUTORING, SMALL GROUP INSTRUCTION, ADULT LEARNING CENTERS, AND A COLLABORATIVE FAMILY LITERACY PROJECT. THE LITERACY ALLIANCE ALSO CONDUCTS THE READ TO ME CAMPAIGN THAT ENCOURAGES ADULTS TO READ TO CHILDREN BY DISTRIBUTING NEW CHILDREN'S BOOKS TO LOW-INCOME FAMILIES.

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Federal Statements

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Statement 6 - Form 990, Part IV, Line 56 - Other Investments

Description	Be o	ginning f Year	 End of Year	Basis of Valuation
Ft Wayne Community Foundation	\$	56,612	\$ 48,860	Cost
Total	\$	56,612	\$ 48,860	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description		_			
	_	Beginning of Year	Accum Depr	End of Year	Accum Depr
EQUIPMENT & FURNITURE					
	\$_	141,005 \$	128,362 \$	139,130 \$	133,027
Total	\$	141,005 \$	128,362 \$	139,130 \$	133,027

632100 The Literacy Alliance, Inc 35-1710780 FYE: 8/31/2008	Federal S	Federal Statements		12/4/200	12/4/2008 10:09 AM
Statement 8 - Fo	Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key	of Officers, Directors	, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KAREN FRANCISCO 709 CLAY ST. FORT WAYNE IN 46802	VICE PRESIDE	3.	0	0	0
WILLIAM HERX 709 CLAY ST. FORT WAYNE IN 46802	TREASURER	ŗ.	0	0	0
MARY MCDONALD 709 CLAY ST. FORT WAYNE IN 46802	SECRETARY	r,	0	0	0
JACQUELYN SCOTT 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	ŗ.	0	0	0
JUDY STABELLI 709 CLAY ST. FORT WAYNE IN 46802	EXEC DIRECTO	40	65,365	8,416	0
DOUGLAS E STEPHENS 709 CLAY ST FORT WAYNE IN 46802	PRESIDENT	ល់	0	0	0
JUDY GILMAN 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	ρί	0	0	0
DAVID HANLEY 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	ທຸ	0	0	0
VICKI JOHNSON 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	٠ ب	0	0	0
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					,

632100 The Literacy Alliance, Inc 35-1710780 FYE: 8/31/2008	Federal	Federal Statements		12/4/200	12/4/2008 10:09 AM
Statement 8	Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	st of Officers, Directors es (continued)	s, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SHEQUITTA KELLY 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	in.	0	0	0
MIKE LANDRAM 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	rv.	0	0	0
BONNIE ROGERS 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	ŗ.	0	0	0
BETH WOLF 709 CLAY ST. FORT WAYNE IN 46802	DIRECTOR	iv	0	•	α
					>

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Sta	Statement 9 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations	Compensation fr	om Related Organiz	ations
Payee Name	Related Organization Name1	ation	Relate	Related Organization Name2
	Organization EIN Relationship	Compensation	Benefits Expe	Compensation Expenses Description
BONNIE ROGERS	THE LITERACY ALLIANCE 35-6006351 JOINT PROGRAM		FT WAYNE COMMUNITY	NITY SCHOOLS

• 632100 The Literacy Alliance, Inc

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Federal Statements

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Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description		2006	 2005		2004		2003
REIMBURSEMENTS	\$		\$	\$		\$	
SPECIAL EVENT	_	13,443	 3,591		21,821		9,852
Total	\$	13,443	\$ 3,591	\$_	21,821	\$_	9,852