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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/01/08 **, and ending** 8/31/09

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE LITERACY ALLIANCE, INC

Number and street (or P O box, if mail is not delivered to street address): 709 CLAY STREET | Room/suite

City or town, state or country, and ZIP + 4: FORT WAYNE IN 46802

D Employer identification number 35-1710780

E Telephone number 260-426-7323

F Group Exemption Number ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ FWLITERACYALLIANCE.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 686,127

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	674,904
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	1,481
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b	326		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)			5c	-326
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐				SEE STMT 1
	a	Gross revenue (not including $ 5,000 of contributions reported on line 1)	6a	8,048		
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	8,048
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less. cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ SEE STATEMENT 2)			8	1,694
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	685,801
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3			10	1,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	368,760
	13	Professional fees and other payments to independent contractors			13	23,919
	14	Occupancy, rent, utilities, and maintenance			14	37,132
	15	Printing, publications, postage, and shipping			15	7,139
	16	Other expenses (describe ▶ SEE STATEMENT 4)			16	198,660
	17	**Total expenses.** Add lines 10 through 16 ▶			17	636,610
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	49,191
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	218,175
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5			20	-7,525
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	259,841

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	193,895	22	242,318
23	Land and buildings	6,103	23	3,129
24	Other assets (describe ▶ SEE STATEMENT 6)	22,114	24	20,200
25	**Total assets**	222,112	25	265,647
26	**Total liabilities** (describe ▶ SEE STATEMENT 7)	3,937	26	5,806
27	**Net assets or fund balances** (line 27 of column (B) **must agree with line 21**)	218,175	27	259,841

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	SEE STATEMENT 9 (Grants $ 1,000) If this amount includes foreign grants, check here ▶ ☐	28a	243,163
29	SEE STATEMENT 10 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	84,113
30	SEE STATEMENT 11 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	186,632
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	513,908

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KAREN FRANCISCO 709 CLAY STREET	FORT WAYNE IN 46802	VICE PRESIDE 2	0	0	0
WILLIAM HERX 709 CLAY STREET	FORT WAYNE IN 46802	TREASURER 1	0	0	0
MARY MCDONALD 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 2	0	0	0
JACQUELYN SCOTT 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
DOUGLAS E STEPHENS 709 CLAY STREET	FORT WAYNE IN 46802	PRESIDENT 1	0	0	0
JUDY GILLMAN 709 CLAY STREET	FORT WAYNE IN 46802	SECRETARY 1	0	0	0
DAVID HANLEY 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
VICKI JOHNSON 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
SHEQUITTA KELLY 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
MIKE LANDRAM 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
BONNIE ROGERS 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 2	0	0	0
BETH WOLF 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
MARY MUSSON 709 CLAY STREET	FORT WAYNE IN 46802	DIRECTOR 1	0	0	0
JUDITH STABELLI 709 CLAY STREET	FORT WAYNE IN 46802	EXECUTIVE DI 40	66,300	7,708	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ IN

42a The books are in care of ▶ JUDITH STABELLI Telephone no. ▶ 260-426-7323

709 CLAY STREET

Located at ▶ FORT WAYNE, IN ZIP + 4 ▶ 46802

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Karen Francisco | 1/8/10
Signature of officer | Date

▶ Karen Francisco, board president
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 12-18-09	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00017582
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LEONARD J. ANDORFER & CO, LLP 2410 LAKE AVENUE FORT WAYNE, IN 46805	EIN ▶ 35-1679361	Phone no ▶ 260-423-9405

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization THE LITERACY ALLIANCE, INC

Employer identification number 35-1710780

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is. (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ 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.

5 ☐ 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).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally Integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	465,933	651,585	559,383	607,659	674,904	2,959,464
2 Tax revenues levied for the organization'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					6,160	6,160
4 **Total.** Add lines 1-3	465,933	651,585	559,383	607,659	681,064	2,965,624
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)						983,801
6 **Public support.** Subtract line 5 from line 4						1,981,823

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	465,933	651,585	559,383	607,659	681,064	2,965,624
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,427	5,010	4,604	3,318	1,155	15,514
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 IV.)	21,821	3,591	13,443	12,006	9,742	60,603
11 **Total support.** Add lines 7 through 10						3,041,741

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 65.1542 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 60.9058 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENT	$	57,789
OTHER INCOME	$	2,814

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2008
Attachment Sequence No **67**

Name(s) shown on return: THE LITERACY ALLIANCE, INC
Identifying number: 35-1710780

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,154

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
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 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr.	22	3,154
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **990**

Special Events Schedule

2008

For calendar year 2008, or tax year beginning 9/01/08 , and ending 8/31/09

Name: THE LITERACY ALLIANCE, INC

Employer Identification Number: 35-1710780

	(A)	(B)	(C)	Others	Total
Gross receipts	13,048	0	0	0	13,048
Less contributions	5,000	0	0	0	5,000
Gross revenue	8,048	0	0	0	8,048
Less direct expenses	0	0	0	0	0
Net income (loss)	8,048	0	0	0	8,048

Description: (A) MISCELLANEOUS

(B)

(C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
DISPOSALS							
PURCHASE		VARIOUS	9/01/08	$	$ 17,212	$ 16,886	$ -326
TOTAL				$ 0	$ 17,212	$ 16,886	$ -326

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISC INCOME	$ 1,694
TOTAL	$ 1,694

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address		Relationship to Organization		Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
		NONE		EDUCATION		
	1,000		$			
TOTAL	1,000					

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
MISCELLANEOUS	$
SPECIAL EVENT EXPENSES	7,576
EXPENSES	
TRAVEL	177
TRAVEL	202
INSURANCE	1,006
INSURANCE	1,153
INSURANCE	1,451
SUPPLIES	7,674
SUPPLIES	3,068
SUPPLIES	3,817
PRINTING AND PUBLICATIONS	1,063
PRINTING AND PUBLICATIONS	1,398
PRINTING AND PUBLICATIONS	7,582
STAFF DEVELOPMENT	2,323
STAFF DEVELOPMENT	1,038
INSTRUCTION	37,385
INSTRUCTION	375
RESOURCE MATERIAL	748
RESOURCE MATERIAL	25,966
RESOURCE MATERIAL	50,963
DUES AND SUBSCRIPTIONS	201
DUES AND SUBSCRIPTIONS	534
DUES AND SUBSCRIPTIONS	1,057
STUDENT EXPENSE	10,864
STUDENT EXPENSE	4,797
CHILDCARE	16,522
EQUIPMENT RENTAL AND MAIN	4,590
EQUIPMENT RENTAL AND MAIN	3,403
EQUIPMENT RENTAL AND MAIN	1,727
TOTAL	$ 198,660

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSSES	$ -7,525
TOTAL	$ -7,525

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	$ 22,114	$ 20,200
TOTAL	$ 22,114	$ 20,200

Federal Statements

Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 3,937	$ 5,806
TOTAL	$ 3,937	$ 5,806

Statement 8 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE LITERACY ALLIANCE PROVIDES INSTRUCTION FOR ADULTS WITH READING, WRITING AND MATH SKILL DEFICITS THAT IMPEDE THEIR ABILITY TO BE STRONG PARENTS, PRODUCTIVE WORKERS AND CONTRIBUTING MEMBERS OF OUR COMMUNITY.

Statement 9 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

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 GED LEARNING CENTER CLASSROOMS. FOUR HUNDRED FORTY-TWO ADULTS COMPLETED 22,786 HOURS OF INSTRUCTION.

Statement 10 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

READ TO ME - NEW AND GENTLY USED CHILDREN'S BOOKS ARE GIVEN TO YOUNG, LOW-INCOME FAMILIES BY PIGGYBACKING ON THE SERVICE DELIVERY SYSTEMS OF OTHER LOCAL SOCIAL SERVICE ORGANIZATION. 29,054 NEW AND 3,703 GENTLY USED BOOKS WERE DISTRIBUTED.

Statement 11 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

FAMILY LITERACY - INTERVENES IN THE INTERGENERATIONAL CYCLE OF ILLITERACY BY SUPPORTING PARENTS IN THEIR ROLE AS THEIR CHILD'S FIRST TEACHER. 122 PARENTS COMPLETED 13,414 HOURS OF STUDY.