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 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Form 990 (2010)(0

_		00/01/10 00/21/1	<del></del>		
<u>A</u> _	For the 20	0 calendar year, or tax year beginning $09/01/10$ , and ending $08/31/1$	<u>.                                    </u>		
В	Check if applic	ble C Name of organization		D Emp	loyer identification number
	Address chang	THE LITERACY ALLIANCE, INC			
$\overline{\Box}$	Name change	Doing Business As		35	-1710780
님	reame change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telec	phone number
	Initial return	709 CLAY STREET	T to o i i i o o i i o		0-426-7323
	Terminated	<del></del>	<del></del>		0_420 /323
$\exists$		City or town, state or country, and ZIP + 4			606 270
$\sqcup$	Amended retu		<del></del>	G Gross red	ceipts\$ 606,270
	Application per		H(a) Isthisag	roup return for	affiliates? Yes X No
		JUDITH STABELI	1 11(2) 15 1115 2 9	roop return to	] ]
		709 CLAY STREET	H(b) Are all a	iffiliates incl	uded? Yes No
		FORT WAYNE IN 46802	If "No	o," attach a	list (see instructions)
$\overline{}$	Tax-exempt		7		
J	Website:		H(c) Group e	vemetice o	ımbar 🏲
_	Form of organ		ear of formation 1		M State of legal domicite IN
			ear or formation	212	M State of legal domicite 111
·	Part I	Summary			
	1	y describe the organization's mission or most significant activities.			
ø	_ T	HE LITERACY ALLIANCE PROVIDES INSTRUCTION FOR ADULTS V	VITH READ	ING, W	RITING
ä	A	ND MATH SKILL DEFICITS THAT IMPEDE THEIR ABILITY TO BE	E STRONG I	PARENT	S,
Ę	P	RODUCTIVE WORKERS AND CONTRIBUTING MEMBERS OF OUR COMM	TUNITY.		
Š	2 Che	k this box ▶ 🗂 if the organization discontinued its operations or disposed of more than 25	% of its net ass	sets	
Ö	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	13
တ	4 Nur	ber of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities & Governance	5 Tak			<del></del>	30
= ₹	5 1018	number of individuals employed in calendar year 2010 (Part V, line 2a)		_ 5	
``&	<b>6</b> Tota	number of volunteers (estimate if necessary)  RECEIVED		6	80
ଲ କ		unrelated business revenue from Part VIII, column (C), line 12		7a	
×	b Net	inrelated business taxable income from Form 990-T, line 34		7b	
<u> </u>	ł	ributions and grants (Part VIII, line 1b)	Prior Yea	ır	Current Year
՝	8 Con	ributions and grants (Part VIII, line 1h)			597,764
~ ₹	9 Prog	am service revenue (Part VIII, line 2g)			
<u>.</u> 8	10 Inve	tment income (Part VIII, column (A), lines 3, 4, and dd)			<u>2,501</u>
<u> </u>		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			5,045
<u>~</u> ,		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			605,310
CARACTORINE FAIN		ts and similar amounts paid (Part IX, column (A), lines 1–3)			1,000
E)		· ` ` ` ` ' · · · · · · · · · · · · · ·			
		fits paid to or for members (Part IX, column (A), line 4)	<del></del>		313,805
es		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del></del>		313,803
oenses	1	ssional fundraising fees (Part IX, column (A), line 11e)			
Expe	<b>b</b> Tota	fundraising expenses (Part IX, column (D), line 25) ▶ 65, 312			
ш	17 Othe	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			203,842
	18 Tota	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			<u>518,647</u>
	19 Reve	nue less expenses Subtract line 18 from line 12		·	86,663
Net Assets or Fund Balances			Beginning of Curi	rent Year	End of Year
sets	<b>20</b> Tota	assets (Part X, line 16)	<u> </u>	), <u>8</u> 50	266,119
ABa	<b>21</b> Tota	liabilities (Part X, line 26)		2,936	3,762
ž,Š	22 Net a	ssets or fund balances. Subtract line 21 from line 20		7,914	262,357
	art II	Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of	my knowles	Igo and hallof it is
		d complete Declaration of prepare (other than officer) is based on all information of which preparer has all		illy kilowice	e and belief, it is
		The state of the s		1/5	18012
<b>~</b> :-	D	Thang a morande		<del>-147</del>	ac / V
Sig		Signature of officer $M$	11.0	Date	
He	re	MARY A-MCDONALD BOARD CH	H K		
		Type or print name and title			
	ľ	VType preparer's name Preparer's signature	Date	Check	if PTIN
Paid	IAM b	K J. ANDORFER, CPA My Judy	12/8/	// self-en	nployed P00017582
Pre	parer Fire	's name LEONARD J. ANDORFER & CO., LLP	Fi	rm's EIN	35-1679361
Use	Only	2410 LAKE AVENUE	1		
	Fire	's address FORT WAYNE, IN 46805	ام	hone no	260-423-9405
May		cuss this return with the preparer shown above? (see instructions)		none no	
		Reduction Act Notice, see the separate instructions.		<del></del>	Yes No
DAA	. aperworr	meadener not mones, see the separate motiunities.			Form <b>990</b> (2010)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ļ		
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	}		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		]	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-		1	
	endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	· ·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	·	1	l	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е		11e	X	
f	·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1		
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		}	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	—-∤	<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1	ł	.,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ŀ	3.7
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<del></del>	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		-	37
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	}	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا _ر ا	1	v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del>}</del>	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3.7
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			17
	If "Yes," complete Schedule G, Part III	19	$\dashv$	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<b></b> -∤	X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some		ļ	
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	n 990 (2010) THE LITERACY ALLIANCE, INC 35-1/10/80			P	age 4
P	art IV Checklist of Required Schedules (continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1	
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II		21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			1	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	<b>├</b> ─	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1		ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ĺ		
	through 24d and complete Schedule K If "No," go to line 25		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1		1
	to defease any tax-exempt bonds?		24c		<b> </b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<b></b>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		1		ĺ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		_X_
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		-		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1		ĺ
	If "Yes," complete Schedule L, Part I		25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			] ]	ļ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ł		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				i
	If "Yes," complete Schedule L, Part III		_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- }	] ]	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1		ı
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				i
	Schedule L, Part IV		28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			]	,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			j	
	Part I		31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	ļļ	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				
	IV, and V, line 1		34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35		<u>X</u>
а	Did the organization receive any payment from or engage in any transaction with a			' f	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		] ]	, ,	
	Part V, line 2	Yes X N	اه		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		] ]		
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				
	19? Note. All Form 990 filers are required to complete Schedule O		38	_X	

; Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Pa	art V			
		1 15		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			ł
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			]
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	a			
0-	reportable gaming (gambling) winnings to prize winners?	1 1	1c	<del> </del>	├
2a		<b>2a</b> 30			
L	Statements, filed for the calendar year ending with or within the year covered by this return			Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r		20		<del> </del>
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction bild the organization have unrelated business gross income of \$1,000 or more during the year?	cuoris)	3a	ł	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	<del>                                     </del>	<del>-^</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or off	her authority	1 35	<del>                                     </del>	$\vdash$
	over, a financial account in a foreign country (such as a bank account, securities account, or othe				
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country.		<u> </u>	<u> </u>	
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance	icial Accounts	1		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	id the			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions or			
	gifts were not tax deductible?		_6b		L
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to	for goods			l
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	t was			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-			!
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ing			
_	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
ь 11	Section 501(c)(12) organizations. Enter	1001			
'' a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	119			
	against amounts due or received from them )	116		]	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	<del></del>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<b>-</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O				-
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ	
	the organization is licensed to issue qualified health plans	13b		ł	
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	dule O	14b		

State the name, physical address, and telephone number of the person who possesses the books and records of the

709 CLAY STREET

IN 46802

260-426-7323

FORT WAYNE

organization: ▶ JUDITH STABELLI

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A) Name and Title	(B) Average		ition (	((	C)		pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) KAREN FRANCISCO CHAIRMAN	4.00	Х		Х				0	0	0
(2) PAUL SPOELHOF DIRECTOR	0.50	Х						0	0	0
(3) MARY MCDONALD DIRECTOR	4.00	Х						0	0	0
(4) JACQUELYN SCOTT DIRECTOR	1.00	Х						01	0	0
(5) JUDY GILLMAN SECRETARY	4.00	X		Х				0	0	0
(6) JEREMY L. REIDY DIRECTOR	1.00	X						0	0	0
(7) MIKE LANDRAM DIRECTOR	1.00	Х						0	0	0
(8) BONNIE ROGERS DIRECTOR	1.00	Х						0	0	0
(9) BETH WOLF DIRECTOR	1.00	Х						0	0	0
(10) REBECCA COOPER DIRECTOR	1.00	Х						0	0	0
(11) MARY LEHTO DIRECTOR	1.00	X						0	0	0
(12) CASEY SCHEURICH TREASURER	1.00	X		х				0	0	0
(13) JUDITH STABELLI EXECUTIVE DI	40.00			X				66,300	0	5,589
(14)	10.00							33,300		
(15)										=
(16)										

Pa		, Directors, Tru	stee	s, Ke	∍у Еі	nplo	yee	s, an	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	<u> </u>	_	(chec				(D) Reportable compensation	(E)  Reportable compensation from		(F) Estima	ited	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	co	othe mpen: from rganiz and ref ganiza	er sation he ation ated	
(17)							-	<del> </del>						
(18)														
(19)														
(20)														
(21)						i						<del></del>		
(22)														
(23)											·			
(24)														
(25)														
(26)											·			
(27)														
(28)														
1b c	Sub-total  Total from continuation shee	ets to Part VII. So	ectio	n A				<b>▼</b> ▼	66,300				5,5	89
d	Total (add lines 1b and 1c) Total number of individuals (in				thos	o liet	e he	boys	66,300	\$100,000 ip			5,5	89
	reportable compensation from	-		_								т	V I	NI e
3	Did the organization list any fo employee on line 1a? If "Yes,"								yee, or highest compensat	ed	Γ	3	Yes	No X
4	For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	ible (	com	pens	atior			-		$\dashv$	
5	individual Did any person listed on line 1									ındıvıdual	-	4	+	<u>X</u>
Sec	for services rendered to the or tion B. Independent Contractor		es," (	com	<u>plete</u>	<u>Sc</u>	redul	e J f	for such person	<del></del>		5		X
1	Complete this table for your five compensation from the organization	re highest compe	ensat	ted II	ndep	end	ent c	ontra						
	Name and	(A) business address							Descripti	(B) ion of services		Cor	(C) pensatio	in
		<del></del>			_			_						
									<del></del>	<u> </u>				
	Total number of selections	antenatura (		h. · ·				4h - :	a lighted at a section to			_		
2 DAA	Total number of independent c received more than \$100,000 ii		_						e iisted above) who	0			990 r	2017
												r nrm	333U ()	ZD101

Pi	<u>art V</u>	Ill Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S) U	12	Federated campaigns	1a		55,000				
art	la L	· -			33,000				
5	D	Membership dues	1b						
fts,	C	Fundraising events	1c						
97	d	Related organizations	1d						
Sig	е	Government grants (contributions)	<u>1e</u>		140,723				
utio	f	All other contributions, gifts, grants,							ı
5		and similar amounts not included above	1f		402,041				
Son	g		if .	\$		507 7CA			
Program Service Revenue   Contributions, gifts, grants anounts	<u> </u>	Total. Add lines 1a–1f			Busn. Code	597,764		<del></del>	<del></del>
ᇤ	3-				Busii. Code				
ě	2a b				<b></b>				
8	0				<del></del>				
ڲٙ	°.				<u> </u>				
Š	d				<del></del>				
ıa	e				<del></del>			<del> </del>	
õ	[ [	All other program service rever	nue		<u></u>				
_	- 3			<del></del> .					
	3	Investment income (including of	livider	ias, intere	est,	2 501	ĺ		2 501
		and other similar amounts)			. •	2,501			2,501
	4	Income from investment of tax	-exem	pt bond p	roceeds -		<del></del>		<del></del>
	5	Royalties	—т		<b>P</b> _		<del></del>		· · · · · · · · · · · · · · · · · · ·
	ĺ	(ı) Real		(n) F	Personal				
	6a	Gross Rents							
	ь	Less rental exps							
	C	Rental inc or (loss)							
	d	Net rental income or (loss)							
	'a	Gross amount from sales of assets (i) Securities		(11)	Other				
	ł	other than inventory							
	ь	Less cost or other							
	1	basis & sales exps		<u></u>					
	С	Gain or (loss)		L					
	d	Net gain or (loss)	_						<del></del>
	8a	Gross income from fundraising ever	nts						
nue		(not including \$	- 1		į	ļ			
9.6		of contributions reported on line 1c)			İ				
Α.		See Part IV, line 18	a		3, <u>5</u> 86				
Other Rever	ь	Less direct expenses	ь		960				•
0	С	Net income or (loss) from funda	raising	events	<b></b>	2,626			2,626
	9a	Gross income from gaming activities	; [	·					
		See Part IV, line 19	a					j	
	ь	Less direct expenses	ь			_			
		Net income or (loss) from gami	ng act	ivities	<b>•</b>				
	10a	Gross sales of inventory, less	Ĭ						
		returns and allowances	a		j	j		j	
	b	Less cost of goods sold	ь						
		Net income or (loss) from sales	of inv	entory	<b>•</b>				
		Miscellaneous Revenue			Busn. Code				
1	11a	MISC INCOME				2,419			2,419
	b								
	c				<del>-</del>				· <del>····································</del>
	d	All other revenue							· · · · · · · · · · · · · · · · · · ·
- 1	e	Total. Add lines 11a-11d			<b>—</b>	2,419			
	12	Total revenue. See instructions	S.		•	605,310	0	0	7,546
			<del></del>			,			.,,,,,,,,,

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and				,							
	organizations in the U.S. See Part IV, line 21											
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	1,000	1,000									
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16				<u>.</u>							
4	Benefits paid to or for members											
5	Compensation of current officers, directors,			}								
	trustees, and key employees	66,300	16,575	33,150	16,575							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	207,953	180,929	10,274	16,750							
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)											
9	Other employee benefits	17,619	12,372	3,510	1,737 2,541							
10	Payroll taxes	21,933	16,000	3,392	<u>2,541</u>							
11	Fees for services (non-employees).											
а	Management											
b	Legal											
С	Accounting	19,500	15,600	1,950	1,950							
ď	Lobbying				<del></del>							
е	Professional fundraising services See Part IV, line 17											
f	Investment management fees	215		215								
g	Other	5,973	900	4,557	516							
12	Advertising and promotion	184	92		92							
13	Office expenses	18,058	4,295	1,374	12,389							
14	Information technology											
15	Royalties	24 006			0.510							
16	Occupancy	34,206	28,910	2,648	2,648							
17	Travel	316	316		<del></del>							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest		<del></del>									
21	Payments to affiliates	7 (77	4 040		1 301							
22	Depreciation, depletion, and amortization	7,677	4,848	1,508	1,321							
23	Insurance	3,700	2,412	644	644							
24	Other expenses Itemize expenses not covered											
	above (List miscellaneous expenses in line 24f If											
	line 24f amount exceeds 10% of line 25, column											
	(A) amount, list line 24f expenses on Schedule O )	20 242	39,242		<del></del>							
a	INSTRUCTION	39,242		<del></del>	<del></del>							
b	CHILDCARE  DESCRIBER MATTERIAL	17,482 16,343	17,482 16,343		<del></del>							
C	RESOURCE MATERIAL	10,343		1 226	1 221							
d	EQUIPMENT RENTAL AND MAIN	12,317 10,750	9,850 10,750	1,236	1,231							
e 4	STUDENT EXPENSE		9,543	1,418	6 010							
f	All other expenses	17,879	387,459	65,876	6,918 65,312							
25	Total functional expenses. Add lines 1 through 24f	518,647	301,439	05,8/6	65,312							
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line											
	only if the organization reported in column											
	(B) joint costs from a combined educational campaign and fundraising solicitation											
DAA	campaign and injuraising solicitation	l.			Form <b>990</b> (2010)							

Part	<del> </del>	-1/10/80		Page 11
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	50	_1_	100
] 2	Savings and temporary cash investments	103,490	2_	146,689
3	Pledges and grants receivable, net	26,144	3_	15,753
4	Accounts receivable, net		4	L
5	Receivables from current and former officers, directors, trustees, key			
ŀ	employees, and highest compensated employees. Complete Part II of			
- 1	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
}	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
Assets			7	
SS 8	Inventories for sale or use		8	
و الخ	rain de la companya d	50	9	820
- 1	a Land, buildings, and equipment cost or	········		
'	other basis Complete Part VI of Schedule D 10a 133, 475			
ł	b Less: accumulated depreciation 10b 80, 203	1,399	10c	53,272
11	-		11	
12		39,717	12	49,485
13	· .		13	
14			14	
15	-		15	
16		170,850	16	266,119
17		2,936	17	3,762
18		2/330	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	·		21	
Liabilities 52	Escrow or custodial account liability. Complete Part IV of Schedule D			
₩ 22	•	Ì		
혈	employees, highest compensated employees, and disqualified persons		22	
- 1	Complete Part II of Schedule L		23	
23			24	<del></del>
24	Unsecured notes and loans payable to unrelated third parties		25	
25	Other liabilities Complete Part X of Schedule D	2,936		3,762
26		2,930	-20	
ğ J		j		
ء ا ۾	lines 27 through 29, and lines 33 and 34.	114,836	27	107 012
F 27	Unrestricted net assets	53,078	28	187,812 74,545
<b>28</b>	· · ·	33,070	29	
E 29	· ——-		29	
ᄪᆝ	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5	complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds	<del></del>	30	
88 31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
Net Assets or Fund Balances		1.67 01.4	32	262 252
호 33	Total net assets or fund balances	167,914	33	262,357
<b>Z</b> 34	Total liabilities and net assets/fund balances	170,850	34	266,119

Form **990** (2010)

Form	990 (2010) THE LITERACY ALLIANCE, INC 35-1710780			Pa	ge <b>12</b>
_	nt XI Reconciliation of Net Assets		· · · · · · · · · · · · · · · · · · ·		
	Check if Schedule O contains a response to any question in this Part XI				$\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1_	6	05,	310
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	18,	647
3	Revenue less expenses. Subtract line 2 from line 1	3		86,	663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		914
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,	780
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	2	62,	<u>357</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number THE LITERACY ALLIANCE, INC 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 (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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) 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). 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 c | Type III-Functionally integrated Type III-Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(II)

(III) A 35% C	controlled entity of a person	described in (i) or (ii) above?							[11g(III)] [
h Provide the	following information about	the supported organization(s)							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization isted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes No		Yes No		Yes No		
(A)									
В)									
C)									
D)									
E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	559,383	607,659	674,904	437,231	597,794	2,876,971
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	11,680	15,360	33,200
4	Total. Add lines 1 through 3	559,383	607,659	681,064	448,911	613,154	2,910,171
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)	`					1,023,131
•	Public support. Subtract line 5 from line 4	<b></b>		·			1,887,040
Sec.	tion B. Total Support	L					1,887,040
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	559,383	607,659	681,064	448,911	613,154	2,910,171
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,604	3,318	1,155	1,648	2,501	13,226
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).	13,443	12,006	9,742	8,407	6,005	49,603
11	Total support. Add lines 7 through 10	L <u></u> _L		<u> </u>			2,973,000
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	<del>-</del>	second, third, four	th, or fifth tax year	as a section 501(c	;)(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2010 (line 6		-	(f))		14	63 47%
15	Public support percentage from 2009 Sche				4/00/		64.18%
16a	33 1/3% support test—2010. If the organi				1/3% or more, one	CK INIS	ightharpoons
	box and stop here. The organization quali				.a. 32 1/29/ as mass	_	Δ
D	33 1/3% support test—2009. If the organic				18 33 1/376 01 111016	3,	▶ [
47-	check this box and stop here. The organiz		• •	_	or 16h and line 1	A ic	
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet						
	Part IV how the organization meets the "fa						
	organization	ClS-and-Circumstant	es lest The orga	ilization qualifies a	is a publicly suppo	rica	<b>&gt;</b>
b	10%-facts-and-circumstances test—200	9. If the organization	did not check a b	ox on line 13 16a	16h or 17a and I	ine	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me					licly	
	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		_ ,				▶ □

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	o qualify under	the tests liste	d below, pleas	e complete Pa	art II.)	
	ction A. Public Support		<del> </del>	,		, <u> </u>	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						····
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	 					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		_				
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	۲
	organization, check this box and stop here				·		<u> </u>
	tion C. Computation of Public Su					<del></del>	
15	Public support percentage for 2010 (line 8	• •	•	n (f))		15	%_
16	Public support percentage from 2009 Sche					16	%_
	tion D. Computation of Investme					<del></del>	
17	Investment income percentage for 2010 (li	• •	-	, column (t))		17	
18 10-	Investment income percentage from 2009			14 and line 45 :-	more than 22 4/20	18	%_
19a	33 1/3% support tests—2010. If the organ 17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests—2009. If the organ		=		-		
	line 18 is not more than 33 1/3%, check th						▶ [

Schedule A (Form 990 or 990-EZ) 2010 THE LITERACY ALLIANCE, INC 35-1710780 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENT \$ 43,042

OTHER INCOME \$ 6,561

#### **SGHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Na	me of the or	ganization		Employer identification number
	ד.ז קעיו	TERACY ALLIANCE, INC		35 <u>-1710780</u>
	Part I	Organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Par	nds or Other Similar Funds or A	
_			(a) Donor advised funds	(b) Funds and other accounts
1	Total nu	mber at end of year		
2		te contributions to (during year)		
3		te grants from (during year)		
4		te value at end of year		
5		organization inform all donors and donor advisors in writing tha	it the assets held in donor advised	
		e the organization's property, subject to the organization's excl		Yes No
6	Did the o	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for	charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose	
	conferrin	g impermissible private benefit?		Yes No
<u> </u>	Part II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form	m 990, Part IV, line 7.
_1	Purpose	(s) of conservation easements held by the organization (check	all that apply)	
	Pres	ervation of land for public use (e.g., recreation or education)	Preservation of an historically imp	portant land area
	Prote	ection of natural habitat	Preservation of a certified historic	c structure
	Pres	ervation of open space		
2	Complet	e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
	easemer	nt on the last day of the tax year		
				Held at the End of the Tax Year
	a Total nui	nber of conservation easements		2a
	b Total acr	eage restricted by conservation easements		2b
		of conservation easements on a certified historic structure incl	• •	2c
	d Number	of conservation easements included in (c) acquired after 8/17/	06, and not on a	
	historic s	tructure listed in the National Register		2d
3	Number	of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during the
	tax year	<b>&gt;</b>		
4	Number	of states where property subject to conservation easement is l	ocated >	
5	Does the	organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
		s, and enforcement of the conservation easements it holds?		Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the year	ear
	•			
7	_	of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	<b>▶</b> \$			
8		ch conservation easement reported on line 2(d) above satisfy to	the requirements of section 170(h)(4)(B)	□ v <sub>==</sub> □ v <sub>=</sub>
_		ection 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9		V, describe how the organization reports conservation easem		
		sheet, and include, if applicable, the text of the footnote to the ion's accounting for conservation easements	organization's infancial statements that di	escribes trie
Ē	art III	Organizations Maintaining Collections of Art,	Historical Treasures or Other S	Similar Assets
•	ar i iii ii	Complete if the organization answered "Yes" to		Jimai 1.000to.
1:	a If the org	anization elected, as permitted under SFAS 116 (ASC 958), n	<del></del>	palance sheet
•	_	art, historical treasures, or other similar assets held for public		
		rvice, provide, in Part XIV, the text of the footnote to its financi		·
t	f the org	anization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce sheet
	-	art, historical treasures, or other similar assets held for public	-	
		rvice, provide the following amounts relating to these items		
	•	nues included in Form 990, Part VIII, line 1		<b>▶</b> \$
		ts included in Form 990, Part X		<b>▶</b> \$
2	• •	anization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the
	-	amounts required to be reported under SFAS 116 (ASC 958)		
a	-	s included in Form 990, Part VIII, line 1		<b>▶</b> \$
<u>t</u>	Assets in	cluded in Form 990, Part X		<u> </u>
E ~ =	Dananuark	Reduction Act Notice see the Instructions for Form 990		Schedule D (Form 990) 2010

Sch	edule D (Form 990) 2010 THE LITER	ACY ALLIANCE	<u>, INC</u>		<u>35-171</u>	<u>.0780                                   </u>			F	Page 2
P	art III Organizations Maintaining	Collections of Art,	<b>Historical Trea</b>	asures, o	r Other S	i <u>mil</u> ar A	ssets	(contir	iued	<u> </u>
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, che	eck any of the follow	ing that are	e a significar	t use of its				
а	Public exhibition	d Loan	or exchange progra	ıms						
b	Scholarly research	e Other								
c	<b>                                      </b>									
4	Provide a description of the organization's col	lections and explain how	they further the org	anızatıon's	exempt purp	ose in Pai	t			
	XIV.		,							
5	During the year, did the organization solicit or	receive donations of art.	historical treasures	, or other si	mılar					
_	assets to be sold to raise funds rather than to				-			Y	es 「	No
·P	art IV Escrow and Custodial Arra	ngements. Comple	te if the organiz	zation an	swered "\	es" to F	orm 9	90, Pa	irt IV	
1	line 9, or reported an amou	nt on Form 990. Pa	rt X, line 21.					ŕ		
	Is the organization an agent, trustee, custodia			ther assets	not	<del></del>				
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	a table							J
_	ros, orposition and gomentum activities		g					Amoun		
С	Beginning balance					1c				
4	Additions during the year					1d				
u 2	Distributions during the year					1e				—
ŧ	Ending balance					1f				
20	Did the organization include an amount on Fo	rm 000 Part V Iraa 212							_ [	7
	•	im 990, Fait A, line 21?						∐ Y€	S L	. No
	art V Endowment Funds. Comple	eto if organization a	newared "Ves"	to Form	QQO Part	IV line	10			
<u>»</u> Г	artive Lindownient Funds. Comple	(a) Current year	(b) Prior year			(d) Three ye		(e) Four	r vears	
4-	Designation of trace belongs	(a) Current year	(b) i noi year	(0) 1110	yours back	(d) Thice ye	ars back	(0) 100	ycura	- Dack
la L	Beginning of year balance	<del></del>		<del> </del>						
0	Contributions	<del> </del>	<del></del>	<del> </del>				<b></b>		
С	Net investment earnings, gains, and	[					ĺ			
	losses	<u> </u>		ļ						
	Grants or scholarships	<del> +</del>	<del></del>	<del> </del>				·		
е	Other expenditures for facilities and					1				
_	programs	ļ								<u> </u>
f	Administrative expenses		<del></del>	<del></del>			***	* * * * * * * * * * * * * * * * * * * *		<del>'.                                    </del>
g	End of year balance	L		<u> </u>			<u> </u>	3, 1		
2	Provide the estimated percentage of the year									
	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
¢	Term endowment ▶ %									
3а	Are there endowment funds not in the possess	sion of the organization th	nat are held and adr	nınıstered f	or the			r		Υ
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		<b></b>
	(ii) related organizations							3a(ii)		Ļ
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sch	edule R?					3b		Ĺ
4	Describe in Part XIV the intended uses of the									
Pa	art VI : Land, Buildings, and Equip	ment. See Form 99	00, Part X, line	<u>10.                                    </u>			<b>_</b>			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other (other)	r basis	(c) Accum depreci		<u> </u>	(d) Book	value	
1a	Land									
b	Buildings						<u> </u>			
С	Leasehold improvements						1			
d	Equipment		133	, 475	- {	30,200	3		53,	272
е	Other									
_	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, co	lumn (B), line 10(c)	)		<b></b>		Ę.	i3,	272

	Form 990) 2010 THE LITERACY ALLIANC		35-1710780	Page
Part VII	Investments—Other Securities. See Form 9  (a) Description of security or category	(b) Book value	(c) Method of	f valuation
	(including name of security)	(5) 200% 10100	Cost or end-of-year	
(1) Financial	derivatives			
	eld equity interests			
(3) Other F	TT WAYNE COMMUNITY FOUNDATION	49,485	MARKET	
(A)			··	
(B)				
(C)				
(D)				
(E) (F)		<del> </del>		
(F) (G)				
(H)		<del></del>	<del></del>	<del></del>
(1)				
	<u> </u>	49,485		
Part VIII	Investments—Program Related. See Form 9			
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-yea	ar market value
(1)			<del></del>	
(2)		<del></del>		
(4)	<del></del>			
(5)			<del></del>	
(6)				
(7)				
(8)				
(9)				
(10)			<u> </u>	<u> </u>
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. See Form 990, Part X, line 15			
ran ix	(a) Description	·		(b) Book value
(1)		<del></del>		
(2)				
(3)				
(4)				
(5)				
(6)				<del></del>
(7)				
(8)				
(9) (10)				<del></del>
	n (b) must equal Form 990, Part X, col (B) line 15)	<del></del>		<del> </del>
Part X	Other Liabilities. See Form 990, Part X, line	<u>2</u> 5.	<del></del>	
1	(a) Description of liability	(b) Amount		
	income taxes			
(2)	<u> </u>			
(3)		<del> </del>		
(4)		<del></del>		
(5) (6)		+		
(7)	<del> </del>			
(8)	<del></del>	<del> </del>		
(9)				
(10)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(11)

Sch	edule D (Form 990) 2010 THE LITERACY ALLIANCE, INC	35-171078	0 _	Page <b>4</b>
P	art XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial Staten</b>	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	605,310
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	518,647
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	86,663
4	Net unrealized gains (losses) on investments		4	7,780
5	Donated services and use of facilities		5_	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9_	7,780
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	94,443
Pa	irt XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	634,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a 7,780		
b	Donated services and use of facilities	<b>2b</b> 20,700		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	<b>2d</b> 960		
е	Add lines 2a through 2d		2e	29,440
3	Subtract line 2e from line 1		3_	605,095
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 215		
b	Other (Describe in Part XIV )	4b		
С	Add lines 4a and 4b		4c	215
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	605,310
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per F	Retur	n
1	Total expenses and losses per audited financial statements		1	540,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 20,700		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV )	<b>2d</b> 960		
е	Add lines 2a through 2d		2e	21,660
3	Subtract line 2e from line 1	,	3	518,432
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 215		
b	Other (Describe in Part XIV )	4b		
С	Add lines 4a and 4b	ĺ	4c	215
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	518,647

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - LIABILITY UNDER FIN 48 FOOTNOTE

THE LITERACY ALLIANCE, INC. IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND QUALIFIES FOR THE 50% CHARITABLE CONTRIUBTION LIMITATION.

THE ORGANIZATION HAS ADOPTED FASB ACS 740-10-25 (PRIOR AUTHORITATIVE LITERATURE FIN 48 - ACCOUNTING FOR UNCERTAINTY OF INCOME TAXES), AND

Part XIV Supplemental Information (continued)

DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF AUGUT 31, 2011. THE ADOPTION OF FASB ASC 740-10-25 DID NOT IMPACT THE ORGANIZATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS. IF APPLICABLE, THE ORGANIZATION WILL RECOGNIZE INTEREST AND PENALTIES RELATED TO UNDERPAYMENT OF INCOME TAXES AS INCOME TAX EXPENSE. AS OF AUGUST 31, 2011, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

SPECIAL EVENT EXPENSE \$ 960 SPECIAL EVENT EXPENSE \$ -960

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSE \$ 960

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSE \$ 960

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE LITERACY ALLIANCE, INC

Employer identification number 35-1710780

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

VOLUNTEER-TUTOR-GUIDED STUDY IN SMALL GROUP SETTINGS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
THE BYLAWS OF THE LITERACY ALLIANCE WERE AMENDED AND RESTATED ON MARCH 4,
2011. CHANGES/ADDITIONS ARE AS FOLLOWS:

- 1. DIRECTORS ARE REQUIRED TO ATTTEND 75% OF BOARD MEETINGS.
- 2. MARKET/FUND DEVELOPMENT COMMITTEE AND PROGRAM COMMITTEE WERE REPLACED WITH THE RESOURCE DEVELOPMENT COMMITTEE AND THE STRATEGIC DIRECTIONS COMMITTEE.
- 3. ADDITION OF CLAUSE STATING EXECUTIVE COMMITTEE WILL SUPERVISE EXECTIVE DIRECTOR AND CONDUCT ANNUAL PERFORMANCE REVIEWS.
- 4. ADDITION OF CLAUSE STATING ONE MEMBER OF FINANCE COMMITTEE MUST BE A CPA.
- 5. INDEMNIFICATION ARTICLE ADDED.
- 6. CONFLICT OF INTEREST ARTICLE ADDED.
- 7. CLAUSE PROHIBITING LOAN OR ADVANCE TO DIRECTORS OR OFFICERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE COMPLETED FORM 990 IS PREPARED BY A CPA FIRM, IN CONSULTATION WITH MANAGEMENT. THE FORM IS PRESENTED TO ALL BOARD MEMBERS VIA EMAIL WITH INSTRUCTIONS TO RESPOND TO THE EXECUTIVE DIRECTOR WITH ANY QUESTIONS. THE FINANCE COMMITTEE MEETS AND REVIEWS THE FORM 990 PRIOR TO FILING.

Name of the organization

THE LITERACY ALLIANCE, INC

Employer identification number 35-1710780

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANY CONFLICTS OF INTEREST ARE REVIEWED AND ADDRESSED AT MONTHLY BOARD

MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARY INCREASES ARE INCLUDED IN ANNUAL BUDGET APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SALARY INCREASES ARE INCLUDED IN ANNUAL BUDGET APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MAINTAINED
IN THE ADMINISTRAVE OFFICES. UPON REQUEST, THESE ITEMS ARE AVAILABLE TO THE
PUBLIC.

632100 THE LITERACY ALLIANCE, INC 35-1710780 FYE: 8/31/2011	Federal Statements	ements	1.	12/1/2011 10:36 AM
Form 990, Part IX,	Line 1	11g - Other Fees for Service (Non-employee)	ployee)	
Description	Tot	Program Service	Manager Gene	Fund Raising
отнек тотаг	\$ 5,073 900 \$ 5,973	006 \$	\$ 4,557	\$ 516
	Form 990, Part IX, Line 24f - All Other Expenses	All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES SPECIAL EVENT EXPENSES STAFF DEVELOPMENT DUES AND SUBSCRIPTIONS	\$ 8,156 4,430 4,137 1,156	\$ 4,577 4,137 829	\$ 1,277	\$ 2,302 4,430
TOTAL	\$ 17,879	\$ 9,543	\$ 1,418	\$ 6,918