# 63/<sub>4</sub>00 01/25/<sub>4</sub>214 8 28 AM

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

<u>A</u>	For the 201	2 calendar year, or tax year beginning $09/01/12$ , and ending $08/31/13$			
В	Check if applicable	C Name of organization		D Employ	yer identification number
	Address change	THE LITERACY ALLIANCE, INC			
$\overline{\Box}$	Name change	Doing Business As		35-	1710780
닉	•	Number and street (or P O box if mail is not delivered to street address)	com/suite		one number
닏	Initial return	709 CLAY STREET		260	-426-7323
Ш	Terminated	City, town or post office, state, and ZIP code			
$\Box$	Amended return	FORT WAYNE IN 46802		G Gross rece	expts\$ 559,413
님		F Name and address of principal officer		0 00001000	
Ш	Application pendir	JUDITH STABELI, EXECUTIVE DIRECTOR	H(a) Is this a gr	oup return for a	affiliates? Yes X No
		709 CLAY STREET	H(b) Are all aff	iliates include	d? Yes No
		FORT WAYNE IN 46802	If "No	," attach a list	(see instructions)
_	Tax-exempt state				
<u>-</u> -	Website:	FWLITERACYALLIANCE.ORG	H(c) Group exc	amption numb	ar 🕨
<u>.                                    </u>	Form of organizat			972 I	M State of legal domicile IN
******		Summary	O ROTTINABOUT AL	<u> </u>	m State of legal dollriche 2214
	<del></del>	describe the organization's mission or most significant activities			
	1	E LITERACY ALLIANCE PROVIDES INSTRUCTION FOR ADULTS WI	יחגיםם טייה	INC WI	TTTNC
ည	7.11	MATH SKILL DEFICITS THAT IMPEDE THEIR ABILITY TO BE			
Ta a	DD	DUCTIVE WORKERS AND CONTRIBUTING MEMBERS OF OUR COMMU		PARENT	? <i>1</i>
Governance	2 Chook	this box I if the organization discontinued its operations or disposed of more than 25%		-40	
ŏ	2 Check	er of voting members of the governing body (Part VI, line 1a)	or its riet ass	1 1	16
တိ ဟ	1	er of independent voting members of the governing body (Part VI, line 1b)		3 4	16
Activities &	l .	number of individuals employed in calendar year 2012 (Part V, line 2a)		5	23
ੜੇ				6	65
ĕ	1	number of volunteers (estimate if necessary)  RECLIVED  Inrelated business revenue from Part VIII, column (C), line 12		7a	0
	ı	related business taxable income from Form 990-T, line)34		7a   7b	0
	D Net ut		Prior Yea		Current Year
-	8 Contri	outions and grants (Part VIII, line 1h)		1,575	545,170
Revenue	ľ				0
Š	1	nent income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT		2,814	7,581
æ	1	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	3,002	6,662
	1	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,391	559,413
_		and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefi	ts paid to or for members (Part IX, column (A), line 4)			0
Ś	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	319	9,966	296,880
penses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0
ē	b Total f	undraising expenses (Part IX, column (D), line 25) ▶ 55, 483			
ŭ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170	0,180	199,728
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	490	0,146	496,608
	19 Reven	ue less expenses Subtract line 18 from line 12	12	2,245	62,805
Net Assets or	S		eginning of Cur		End of Year
Set.	a 20 Total	issets (Part X, line 16)	273	3,443	337,077
Ž,	21 Total I	abilities (Part X, line 26)		1,451	3,509
		sets or fund balances Subtract line 21 from line 20	27:	1,992	333,568
,		Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statements			owledge and belief, it is
	rue, correct, an	d complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledg	e 	<del></del>
		4/2///			
	gn 📗	Tonemy L. REIDY BOARD CHAIR		Date	19/2014
He	ere			4/	1/2019
		Type or print name and title		<del></del>	C - LOTIN
Рa	ا به:	Type preparer's name Preparer's signature	Date	Check	PTIN
	rink!	J. ANDORFER, CPA		/14 self-em	
	eparer <sub>Fum's</sub> e Only	name LEONARD J. ANDORFER & CO., LLP	<del> </del> F	ım's EIN	35-1679361
US	• 1	2410 LAKE AVENUE	{		260 422 0405
<del></del>		address FORT WAYNE, IN 46805  Suss this return with the preparer shown above? (see instructions)	P	hone no	260-423-9405 Yes No
6/12	IV THE INS TIE	TISS THIS TERRITO WITH THE REPORTER SHOWN ANALY (SEE INSTRUCTIONS)			III PATIINO

Form 990 (2012) 11	HE LITERACY	ALLIANCE, INC	<u>35-1710780</u>		Page 2
Part III Stat	tement of Program	Service Accomplishments			_
Che	ck if Schedule O co	ntains a response to any ques	tion in this Part III		
1 Briefly describe	the organization's miss	ion			
THE LITER	RACY ALLIANCE	E PROVIDES INSTRUCT	TION FOR ADULTS V	WITH READING, WRI	TING
		ITS THAT IMPEDE THE			
		ND CONTRIBUTING MEM		-	
PRODUCITA	E WORKERS A	ND CONTRIBUTING MEM	IBERS OF OUR COMI	MUNITY.	
<del></del>		<del></del>	<del></del>	- <del></del>	
2 Did the organiz	ation undertake any sigi	oficant program services during the ye	ear which were not listed on the		
prior Form 990	or 990-EZ?			Yes	X No
If "Yes," descri	be these new services o	n Schedule O			
3 Did the organiz	ation cease conducting.	or make significant changes in how it	conducts, any program		
services?	J.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X No
	be these changes on Sc	hedule O			
	=		three lessest esperam convers	es resoured by	
	· -	rvice accomplishments for each of its		_	
		(4) organizations are required to repo	rt the amount of grants and alloc	ations to others,	
the total expens	ses, and revenue, if any	for each program service reported			
4a (Code	) (Expenses \$	264,099 including grants	of \$	) (Revenue \$	
•		ADULT LEARNERS STUL			
		JIDANCE OF LICENSEI			
		HROUGH ONE-ON-ONE T	•	•	
INTERNET	CONNECTED C	OMPUTER LABS AND IN	I GED LEARNING CI	ENTER CLASSROOMS.	
ONE HUNDE	RED SIXTY-ON	E ADULTS TESTING BE	TWEEN 5TH AND 10	OTH GRADE	
PREPARED	FOR THE GED	IN THREE LEARNING	CENTERS ONE HI	UNDRED TWENTY-SEV	EN
		5TH GRADE LEVEL ST			
		ELOW 5TH GRADE LEVE			
WITH VOLU	INTEER TUTOR	S. FOURTEEN ADULTS	S WORKED ON THE I	FUNDAMENTAL	
BUILDING	BLOCKS OF R	EADING WITH A VOLUN	TEER READING SPI	ECIALIST.	
SIXTY-ONE FAMILY LI	RTING PARENTS E PARENTS PAI	123,084 including grants FERVENES IN THE INT S IN THEIR ROLE AS RTICIPATED WITH THE E PLACED IN 8 NEW F	TERGENERATIONAL ( THEIR CHILD'S FI TIR CHILDREN AT T	IRST TEACHER. TWO PROGRAM SITES	3.
4c (Code	) (Expenses \$	including grants	of \$	) (Revenue \$	)
		<del></del>		<del></del>	
, -	services (Describe in S	·			
(Expenses \$	<del></del>	including grants of \$	) (Revenue \$		
4e Total program	service expenses	387,183			100

35-1710780 Page 3 **Checklist of Required Schedules** Y<u>es</u> No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 98-197 If "Yes," complete Schedule C, Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," <u>X</u>\_ 8 complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

X

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	1		
	in the United States on Part IX, column (A), line 1? 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 27 If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	9, <del>9</del> , <del>9</del>			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1,7
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del></del>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		x
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
26	If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	250	<del></del>	
20	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,	-20		
•	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	_X_
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	_	_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		ţ
	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,	1		
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1	ĺ	l
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	├	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	1	Ì
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del>                                     </del>	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20	İ	x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<del>  ^</del> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1 "	<del>                                     </del>	<del>  ^</del>
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
				0 (2012)

Pa 	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	1 1 2	<b></b>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 2		]	
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			į
_	Statements, filed for the calendar year ending with or within the year covered by this return  2a 23		7.	İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		, ,	
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country			<u> </u>
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 <u>a</u>		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_ '		
	required to file Form 8282?	7с		X
d	<u> </u>	<sub>=</sub>		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.	7f d? 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7.11	-	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			l
а	Gross income from members or shareholders		į	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a		12a	<u> </u>	<u> </u>
b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<b></b>
а		13a	-	<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O	:		
b				İ
С	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	<del></del>		
14a		14a	<del>                                     </del>	Х
b	ABMA NA 1281 A 5 111 A 2481 A 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	14b		<u> </u>

·	01/25/2014 8 28 AM									
	990 (2012) THE LITERACY ALLIANCE, INC 35-1710780			age <b>6</b>						
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	ınstr	uction							
<del></del>	Check if Schedule O contains a response to any question in this Part VI			_]X[_						
Sec	tion A. Governing Body and Management	—		<del></del>						
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16		Yes	No						
	Enter the number of voting members of the governing body at the end of the tax year  1a 16  If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16									
2										
	any other officer, director, trustee, or key employee?	2		x						
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		<del></del> -						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	_	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	<u>X</u>							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	de.)								
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b 42-	Describe in Schedule O the process, if any, used by the organization to review this Form 990		٠,,							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	12b	Х							
·	describe in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by									
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	х							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1							
	with a taxable entity during the year?	16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b		<u> </u>						
<u>Sec</u>	tion C. Disclosure									

- List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JUDITH STABELLI, EXECUTIVE DIRECTOR 709 CLAY STREET

FORT WAYNE

IN 46802

260-426-7323 Form **990** (2012)

Farm 000 (0040)	THE	TEMPONON	ALLTANCE	TNIC
Form 990 (2012)	THE	LITTERACY	ALLIANCE	I N( )

35-1710780

Page 7

## 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

(A)	(B)			(D)	(E)	(F)				
Name and Title	Average hours per week (list any	bo	x, unle	check ess pe	rson ı	than o s both r/truste	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MARY MCDONALD										
	3.00									
CHAIRPERSON	0.00	X	_	X	<u> </u>		_	0	0	0
(2) JEREMY REIDY										10
	3.00									_
VICE CHAIRPERSON	0.00	X	<u> </u>	X	-		_	0	0	0
(3) JUDY GILLMAN	2 00			1	1					
CHOPPEN DV	3.00	,,		١,,	l					
SECRETARY (4) CASEY SCHEURICH	0.00	X	١.,	X	<del>                                     </del>	-	<u> </u>	0	0	0
(4) CASE 1 SCHEURICH	3.00	1	1	•	1					
TREASURER	0.00	x		X	ļ			o	0	0
(5) CARMELA BASSETT	0.00	┿	$\vdash$	^	╁	<del>                                     </del>	_	<u> </u>		<del></del>
(5) CHICALLIA BASSELL	0.50	1			Ì					
DIRECTOR	0.00	X					{	o	0	0
(6) KRISTIE BROTHERT		†	Ι-	Г	┢		$\vdash$			<del></del>
(-,	1.00									
DIRECTOR	0.00	x					Ì	ol	0	0
(7) BECKY COOPER		Т	Г							
i	1.00		l	l			l			
DIRECTOR	0.00	X						0	0	0
(8) SHERI DAVIS		П								
	1.00	1								
DIRECTOR	0.00	X	L			_	L	0	0	0
(9) DREW DUNLAVY										
	1.00	1	ł		l					
DIRECTOR	0.00	X	<u> </u>	<u> </u>	L		_	0	0	0
(10) COLIN GALLAGHER	l									
	1.00		}	1						
DIRECTOR	0.00	X	↓_	_	<b> </b>	<b>!</b>	<b> </b> _	0	0	0
(11)LOUISE JACKSON										
	1.00								_	
DIRECTOR	0.00	X	<u> </u>		<u></u>	<u> </u>	<u>L_</u>	0	0	O Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	of	x, unio	Pos check ess pe nd a c	erson	than one of the or/trust	ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/109 <del>9 M</del> ISC)		organization and related organizations	
(12)TIM JONES	1 00	Γ									
DIRECTOR	1.00	x						0	o	o	
(13) MIKE LANDRAM	0.00	1	$\vdash$		$\vdash$	$\dagger$		· · · · · · ·	<u>`</u>	<u>~</u>	
	1.00					i			_		
DIRECTOR (14) SONJA STRAHM	0.00	X	├	-	1—	<b>├</b> ─	-	0	0	0	
(14)SUNUA SIRAMM	1.00	1		ŀ	}			ļ.		,	
DIRECTOR	0.00	X						0	o	0	
(15) BETSY THOMAS											
PIRECEOR	1.00	\ ,			1		ĺ	1			
DIRECTOR (16) BETH FREMION WOI	0.00	X	├	-	╀	├-	-	0	0	0	
(IO) DETIT TREETION WOT	1.00				l		ļ	[			
DIRECTOR	0.00	X	<u> </u>	L	L	<u> </u>		0	0	0	
(17) JUDITH STABELLI	40.00	}	1	1	İ	j					
EXECUTIVE DIRECTOR	40.00	[	}	X	1			66,296	0	o	
(18)			t	<del> </del>	T			30,230			
		l		l							
(19)	<del> </del>	╁	-	┢╌	├-	-	-	<del> </del>			
(19)			į								
1b Sub-total			_				<b>•</b>	66,296			
c Total from continuation she	ets to Part VII,	Sect	ion /	Α.				66,296		<del></del>	
d Total (add lines 1b and 1c)  Total number of individuals (in	icluding but not l	limite	ed to	thos	e lis	ted a	bov		\$100,000 in	L	
reportable compensation from	the organization	<u> </u>	0	_			<del>_</del> .	<del></del>		Yes No	
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ated	3 X	
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satio				
individual 5 Did any person listed on line 1	a receive or acc	crue	comi	pens	atio	n fror	n an	iv unrelated organization of	rindividual	4 X	
for services rendered to the or										5 X	
Section B. Independent Contracto				<u> </u>				<del></del>			
1 Complete this table for your five compensation from the organic	ve highest comp ization. Report c	ensa	ated ensa	ınde <sub>l</sub> ition	pend for t	ient d he ca	conti	ractors that received more dar year ending with or with	than \$100,000 of iin the organization's tax ye	ear _	
Name and	(A) business address							Descrip	(B) bion of services	(C) Compensation	
					_						
							$\vdash$	<del> </del>			
				_			ـ				
										1	
					_		†				
							L				
2 Total number of independent received more than \$100,000	contractors (incl	uding	g but	not	limit	ed to	tho	se listed above) who	0		
received more than \$100,000	or compensation	110	in tile	<u> </u>	aill	.auul				Form <b>990</b> (2012	

Pa	rt V	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII												
				-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
환화	1a	Federated car	npaigns	1a		45,000		1010.140		012, 010, 01 014				
E S	b	Membership d	lues	1b										
Ağ,	С	Fundraising ev	vents	1c										
ള림	d	Related organ	izations	1d										
ST.	е	Government grants	(contributions)	<u>1e</u>		78,680								
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts		_1f		421,490								
E	g		ns included in lines 1a-	1f	\$		F4F 170		]					
	<u>n</u>	Total, Add line	es 1a-1f	-		Busn Code	545,170			<u> </u>				
Program Service Revenue	2a					Busii Code	ĺ							
§ S	b									<u> </u>				
Ş	С													
Ser	d													
e e	е							<u> </u>						
ğ	f	All other progr	am service reve	nue										
۵.	g	Total. Add line												
	3		come (including	divide	nds, intere	est,								
		and other simi	· · · · · · · · · · · · · · · · · · ·			<b>•</b>	7,581			7,581				
	4		nvestment of tax	-exem	pt bond p	roceeds >	<del></del>		<del></del>	<del></del>				
	5	Royalties	(ı) Real		(4) 5	Personal								
	62	Gross rents	(i) Real		(11)	ersonal								
	b	Less rental exps												
ĺ	c	Rental inc or (loss)												
	d	Net rental inco			L			:						
	7a	Gross amount from	(i) Securities		(11)	Other								
		sales of assets other than inventory												
- }	b	Less cost or other												
		basis & sales exps			_									
	C	Gain or (loss)			<u> </u>				,					
		Net gain or (lo	•			▶								
ē	8a		om fundraising eve	nts										
Other Revenue		(not including \$												
Ş.			reported on line 1c)											
ě		See Part IV, line		a		1,250								
8		Less direct ex	kpenses * (loss) from fund	b	L		1,250			1,250				
- 1			om gaming activitie		J evenus		1,250			1,250				
	Ju	See Part IV, line		a a										
- 1	ь	Less direct ex		b										
			(loss) from gam		tivities		1	•	ļ					
ļ			f inventory, less				•							
		returns and al	lowances	а		_								
-	b	Less cost of	goods sold	b			j							
	<u> </u>	Net income or	(loss) from sale	s of in	ventory	<b></b>								
		Mıs	cellaneous Revenue			Busn Code								
ı	11a	MISC INCO	OME			900099	5,412	5,412		<u> </u>				
	b													
- 1	C					<u> </u>			<del></del>					
	d	All other rever	-			لـــــــــا								
		Total. Add line				<b>•</b>	5,412							
لـــ	12	fotal revenue	e. See instruction	ns			559,413	5,412	0	8,831				

art 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)

	Check if Schedule O contains a response to any question in this Part IX												
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising								
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	67,348	16,837	33,674	16,837								
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	199,747	188,745	1,159	9,843								
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits	8,786	6,538	1,482	766								
10	Payroll taxes	20,999	16,231	2,692	2,076								
11	Fees for services (non-employees)												
а	Management												
b	Legal												
С	Accounting	20,300	16,240	2,030	2,030								
	Lobbying				<del></del> _								
	Professional fundraising services See Part IV, line 17												
f	Investment management fees	214		214									
g	Other (If line 11g amount exceeds 10% of line 25, column												
·	(A) amount, list line 11g expenses on Schedule O)	3,269	1,161	1,993	115								
12	Advertising and promotion	3,859	2,987		872								
13	Office expenses	14,941	3,825	983	10,133								
14	Information technology												
15	Royalties												
16	Occupancy	34,331	29,010	2,661	2,660								
17	Travel	198	161		37								
18	Payments of travel or entertainment expenses				<del></del>								
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	20,861	15,126	3,622	2,113								
23	Insurance	3,438	1,994	722	722								
24	Other expenses Itemize expenses not covered												
	above (List miscellaneous expenses in line 24e If												
	line 24e amount exceeds 10% of line 25, column			1									
	(A) amount, list line 24e expenses on Schedule O)												
а	INSTRUCTION	27,582	27,582										
b	CHILDCARE	14,915	14,915										
С	STAFF DEVELOPMENT	12,991	12,301	353	337								
d	EQUIPMENT RENTAL AND MAIN	10,896	8,796	1,050	1,050								
е	All other expenses	31,933	24,734	1,307	5,892								
25	Total functional expenses. Add lines 1 through 24e	496,608	387,183	53,942	55,483								
	Joint costs. Complete this line only if the												
	organization reported in column (B) joint costs from a combined educational campaign and		ļ	ļ									
	fundraising solicitation Check here												
	following SOP 98-2 (ASC 958-720)	<u> </u>											
DAA				<del></del>	Form <b>990</b> (2012)								

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 100 100 Cash-non-interest bearing 167,908 2 210,388 Savings and temporary cash investments 1,883 Pledges and grants receivable, net 3 9,494 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 Loans and other 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) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 6,538 9 1,323 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 154,241 other basis Complete Part VI of Schedule D 49,387 10b 91,425 10c 62,816 b Less accumulated depreciation Investments—publicly traded securities 11 11 46,877 12 52,603 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 750 353 15 15 Other assets See Part IV, line 11 273,443 337. 077 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 1,451 17 3,509 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 451 3,509 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 165,975 27 207,420 Unrestricted net assets 106,017 126,148 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 333,568 271,992 33 Total net assets or fund balances 33 337,077 Total liabilities and net assets/fund balances 273,443

Form 990 (2012)

Form	990 (2012) THE LITERACY ALLIANCE, INC 35-1710780		_	Pa	ge <b>12</b>					
Pa	rt XI Reconciliation of Net Assets	·								
	Check if Schedule O contains a response to any question in this Part XI			_	⊥L					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5.	59,	413					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	496,60						
3	Revenue less expenses Subtract line 2 from line 1	3		62,8 271,9						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5										
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	_8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9								
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line									
_	33, column (B))	10	3:	33,	<u> 568</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					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				Γ					
	reviewed on a separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis									
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight									
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c_	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1					
	the Single Audit Act and OMB Circular A-133?		3a_		X					
ь	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_							

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

Department of the Treasury

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2012

Open to Public Inspection

	di IVEV	eride Service										t		
Name	of the	organization				<del>_</del>		=		Emplo	yer identr	fication number	,	
		-,,,,			ALLIANCE, INC							<u>0780</u>		
	art l				Status (All organizations				art.) Se	e inst	ruction	ns		
The	orga	nization is not	a private fo	undation becaus	e it is (For lines 1 through 11,	, check only	y one box	:)						
1		A church, cor	nvention of o	churches, or ass	ociation of churches described	d in section	170(b)(ʻ	1)(A)(i).						
2		A school des	cribed in se	ction 170(b)(1)(	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperati	ve hospital servi	ce organization described in s	ection 170	(b)(1)(A)(	iii).						
4		A medical res	search orga	nization operated	d in conjunction with a hospita	l described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	ospital's nam	ıe,	
	_	city, and state	е											
5				d for the benefit of . (Complete Part	of a college or university owne	d or operat	ed by a g	overnme	ental uni	t descri	bed in			
6		A federal, sta	ate, or local	government or g	overnmental unit described in	section 17	<sup>7</sup> 0(b)(1)(A	)(v).						
7	X	An organizati	ion that norr	mally receives a	substantial part of its support	from a gove	ernmenta	unit or	from the	genera	l public	1		
		described in	section 170	)(b)(1)(A)(vi). (C	omplete Part II)									
8		A community	trust descri	ibed in section 1	1 <b>70(b)(1)(A)(vi)</b> . (Complete Pa	ırt II )								
9		An organizati	on that norr	mally receives (1	l) more than 33 1/3% of its su	pport from	contributi	ons, me	mbershi	p fees,	and gro	ss		
		receipts from	activities re	elated to its exem	npt functions—subject to certa	in exceptio	ns, and (2	2) no mo	re than	33 1/3%	6 of its			
		support from	gross inves	tment income ar	nd unrelated business taxable	ıncome (le:	ss section	1 511 tax	c) from b	usiness	ses			
		acquired by t	he organiza	tion after June 3	0, 1975 See section 509(a)(2	2). (Comple	te Part III	1)						
10		An organizati	on organize	ed and operated	exclusively to test for public sa	ifety See s	ection 5	09(a)(4).						
11		An organizati	on organize	ed and operated e	exclusively for the benefit of, to	perform t	he functio	ns of, o	to carry	out the	•			
		purposes of o	one or more	publicly support	ed organizations described in	section 509	9(a)(1) or	section	509(a)(2	2) See	section	ı		
		509(a)(3). Ch	eck the box	that describes t	he type of supporting organiza	ition and co	omplete li	nes 11e	through	11h				
		a Type	el b	Type II	c Type III-Functio	nally integr	ated	d	Тур	e III–No	n-funct	ionally integi	ated	
е		By checking t	this box, I ce	ertify that the org	anization is not controlled dire	ctly or indi	rectly by o	one or m	ore disc	jualified	person	S		
		other than for	undation ma	anagers and othe	er than one or more publicly su	pported or	ganızatıoı	ns descr	ibed in s	section :	509(a)(1	1)		
		or section 50	9(a)(2)											
f		If the organiz	ation receive	ed a written dete	rmination from the IRS that it	ıs a Type I,	Type II,	or Type	III suppo	orting				
		organization,	check this b	box										
g		Since August	t 17, 2006, ł	has the organizat	tion accepted any gift or contri	bution from	n any of th	ne						-
		following per	rsons?											
		(i) A persor	n who direct	ly or indirectly co	ontrols, either alone or togethe	r with perso	ons descr	ibed in (	။) and				Yes	No
		(III) belov	w, the gover	ning body of the	supported organization?							11g(ı)		
		(ii) A family	member of	a person describ	ped in (i) above?							11g(ii	)	
		(iii) A 35% c	ontrolled en	itity of a person o	described in (i) or (ii) above?							11g(i	<u>ii)</u>	<u> </u>
h		Provide the t	following inf	ormation about t	he supported organization(s)									
(i	) Nam	e of supported	{ (	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)		(vii) Amoun	t of mone	tary
	org	janization			(described on lines 1–9 above or IRC section		sted in your document?		of your	organizat (i) organi		sup	port	
					(see instructions))	governing	uocument.		port?		3?			
			<u> </u>			Yes	No	Yes	No	Yes	No			
(A)						ì	l	1	<b>\</b>		İ			
			L		 		_	_						
(B)							1	1	)					
						<u> </u>							_	
(C)			1			Ì	l	]	]					
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(D)					i		1							
			ļ					ļ	<b> </b>	<b> </b> i				
(E)			]			1								
			<del> </del>			<del> </del>	-		<u> </u>	<u> </u>				
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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.)

	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20°	12	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	674,904	437,231	597,794	491,575	54	5,170	2,746,674		
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	7,680		7,680	48,560		
4	Total. Add lines 1 through 3	681,064	448,911	613,154	499,255	55	2,850	2,795,234		
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)									
_		<del> </del>		<u>-</u>				1,106,059		
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>		· · · · · · · · · · · · · · · · · · ·				1,689,175		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20°	12	(f) Total		
7	Amounts from line 4	681,064	448,911	613,154	499,255			2,795,234		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,155	1,648	2,501	2,814	552,850 7,581		15,699		
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	0.540								
44	(Explain in Part IV)	9,742	8,407	6,005	9,206		6,662	40,022		
11	Total support. Add lines 7 through 10	<u> </u>	L	I.			T 45	2,850,955		
12	Gross receipts from related activities, etc	'					12	5,412		
13	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(	c)(3)		. □		
500	organization, check this box and stop her tion C. Computation of Public St		20		<del></del>			<b>•</b>		
	<del></del>	~	·		<del> </del>	<del></del>	T 44 T			
14	Public support percentage for 2012 (line 6	• • •	•	(1))			14	59.25 <b>%</b>		
15 16a	Public support percentage from 2011 Sch						15	61.77%		
108	33 1/3% support test—2012. If the organ				3 1/3% or more, cn	eck this		<b>▶</b> [⊽		
	box and stop here. The organization qualifies as a publicly supported organization									
D	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,									
172	check this box and stop here. The organization qualifies as a publicly supported organization  10% facts and circumstances test 2012. If the organization did not check a box on line 13, 15e, or 15h, and line 14 in									
17a	10%-facts-and-circumstances test—2012. 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—2011. 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							<b>▶</b> [_		
18	supported organization  Private foundation. If the organization did	d not check a hav a	line 13 164 164	17a or 17h	w this have and ac-			▶ [_		
10	instructions	a not check a box of	imie 13, 10a, 160	, 17a, UII/D, CNEC	A uns dux and see	1		▶ [		

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	quality under ti	ie tests listeu t	elow, please c	ompiete Part II	<u>·)</u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(2) 2000	(2) 2000	(0) 2010	(4) 2011	(0) 2012	(i) rota.
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						
C	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
l0a	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 carned 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, check this box and stop her	~	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	▶ [
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2012 (line 8	, column (f) divided	d by line 13, colum	n (f))		15	%
16	Public support percentage from 2011 Sch	edule A, Part III, lir	ne_15			16	%
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))						%
INVESTMENT INCOME percentage from 2011 Schedule A, Part III, line 17							%
19a	_						
	17 is not more than 33 1/3%, check this be			· · · · · · · · · · · · · · · · · · ·	-		▶ [_
b	33 1/3% support tests—2011. If the orga			•			
_	line 18 is not more than 33 1/3%, check th						<b>&gt;</b> [_
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012 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 \$ 1,250

OTHER INCOME \$ 5,412

#### SCHEDULE 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number THE LITERACY ALLIANCE, INC 35-1710780 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the 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 donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X

<u>Sche</u>	dule D (Form 990) 2012 THE LITE	RACY ALLIAN	NCE, INC _		<u> 35-1</u>	<u>/10/80</u>			P	age ∠
Pa	at II Organizations Maintainia	ng Collections of	Art, Historica	l Treasures, d	or Othe	r Similar As	ssets (d	continu	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d 🗍	Loan or exchange	programs						
b	Scholarly research		Other	programme						
c	Preservation for future generations	ت د								
4	Provide a description of the organization's	collections and evoluin	how they further	the organization's	evemnt	numose in Par				
-	XIII	collections and explain	i now they fulfiller	ine organization s	exempt (	puipose iii Fai	1			
5	During the year, did the organization solicit	or receive donations of	of art. historical tro	acurae or other o	umular.					
9								□ v <sub>a</sub>		] No.
D-	assets to be sold to raise funds rather than  If IV Escrow and Custodial A					"Voo" to For	m 000	Port		No
T 4		_	•	ganization ans	werea	res to For	111 990,	raiti	v,	
	line 9, or reported an amou									
та	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributio	ns or other assets	s not			□ v.		7
	included on Form 990, Part X?							Ye	s	No
ь	If "Yes," explain the arrangement in Part XI	II and complete the for	llowing table			<del></del>				
							<u>_</u>	Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					_1e				
f	Ending balance					1f				
2a	Did the organization include an amount on	Form 990, Part X, line	21?					∐ Ye	s 📙	No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	xplanation has bee	en provided in Par	t XIII				丄	
Pa	rt V Endowment Funds. Com	plete if the organiz	zation answere	d "Yes" to For	<u>m 990,</u>	Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years	s back	(e) Four	years	back
1a	Beginning of year balance	<u>4</u> 6,877								
b	Contributions									
С	Net investment earnings, gains, and									
	losses	6,352					ŀ			
d	Grants or scholarships	-								
	Other expenditures for facilities and									
-	programs						İ			
f	Administrative expenses	214						-		
g		52,603				,	+			
2	Provide the estimated percentage of the cu		e (line 1a. column	(a)) held as		L				
	Board designated or quasi-endowment ▶	•	e (iiie 19, coluitat	(a)) ficia as						
h	Permanent endowment ▶ %									
_	Temporarily restricted endowment ▶	%								
C	The percentages in lines 2a, 2b, and 2c sh									
32	Are there endowment funds not in the poss		ation that are hold	and administered	for the					
Ja		ession of the organiza	ation that are new	and administered	ioi tiie			٦	Yes	No
	organization by							22(3)	X	140
	(i) unrelated organizations (ii) related organizations							3a(i)		X
	• •		Cabadala Do					3a(ii)		1-^-
D	If "Yes" to 3a(II), are the related organization							_3b		L
4	Describe in Part XIII the intended uses of t			line 40						
P	art VI Land, Buildings, and Eq	·				<del></del> _				
	Description of property	(a) Cost or other b	pasis (b) Cos	st or other basis		Accumulated	1	(d) Book	/alue	
	<u> </u>	(investment)	<del></del>	(other)	de	epreciation				
	Land		<del></del>							
b	Buildings						—			
C	Leasehold improvements						Д			
d	Equipment			154,241		91,42	5		<u>52,</u>	<u>816</u>
-	Other									
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), lin	e 10(c) )			<u> </u>		<u>52,</u>	816
			_		_		Schedul	e D (For	m 99(	) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 THE LITERACY ALLIANCE, INC		<u>35-171078</u>	0	Page <b>4</b>
Pź	art XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per Re	<u>tur</u> n	
1	Total revenue, gains, and other support per audited financial statements		,	_1	571,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	-1,229		
b	Donated services and use of facilities	2b	11,820		
С	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII )	2d	2,111		
е	Add lines 2a through 2d			_2e	12,702
3	Subtract line 2e from line 1			3	559,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214		
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	214
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	559,413
Pa	art XII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expenses per F	Retu	
1	Total expenses and losses per audited financial statements			1	510,325
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	11,820		
b	Prior year adjustments	2b			İ
С	Other losses	2c	<del></del>		
d	Other (Describe in Part XIII )	2d	2,111		
е	Add lines 2a through 2d			2e	<u>13,931</u>
3	Subtract line 2e from line 1			3	496,394
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214		
b	Other (Describe in Part XIII )	4b			
C	Add lines 4a and 4b			4c	214
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	496.608

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

**Supplemental Information** 

Part XIII

THE ORGANIZATION HAS ADOPTED FASB ASC 740-10-25 AND DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF AUGUST 31, 2013. 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, 2013, 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. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE AGENCIES FOR YEARS ENDED BEFORE AUGUST 31, 2010.

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

SPECIAL EVENT EXPENSE \$ 2,111

Schedule D (Form 990) 2012 THE LITERACY ALLIANCE, INC 35-1710780

Page 5

Part XIII Supplemental Information (continued)

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

SPECIAL EVENT EXPENSE

\$ 2,111 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.

2012
Open to Public Inspection

Name of the organization

THE LITERACY ALLIANCE, INC

Employer identification number 35-1710780

FORM 990, PART I, LINE 6

THE LITERACY ALLIANCE VOLUNTEER TUTORS ARE TRAINED TO WORK WITH ADULT LEARNERS IN BOTH ONE-ON-ONE AND CLASSROOM SETTINGS BY PROVIDING INSTRUCTION AND STUDY ASSISTANCE IN READING, WRITING AND MATH.

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.

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

ANY CONFLICTS OF INTEREST ARE REVIEWED AND ADDRESSED AT MONTHLY BOARD

MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE 2012 NORTHEAST INDIANA NONPROFIT SALARY REPORT WAS USED AS A REFERENCE

FOR ESTABLISHING THE ED'S AND PROGRAM MANAGER'S SALARIES. THOSE SALARIES

WERE REVIEWED AND APPROVED BY THE BOARD.

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

Name of the organization

THE LITERACY ALLIANCE, INC

Employer identification number 35-1710780

IN THE ADMINISTRAVE OFFICES. UPON REQUEST, THESE ITEMS ARE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

SPECIAL EVENT EXPENSE

\$ 2,111

SPECIAL EVENT EXPENSE

\$ -2,111

' h

(Rev January 2013)

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

File a separate application for each return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print 35-1710780 THE LITERACY ALLIANCE, INC Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions File by the que gate for 709 CLAY STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See IN 46802 FORT WAYNE 01 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Code is For Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 08 02 Form 1041-A Form 990-BL 09 Form 4720 (individual) 03 Form 4720 10 Form 990-PF 04 Form 5227 Form 6069 11 Form 990-T (sec 401(a) or 408(a) trust) Form 8870 12 06 Form 990-T (trust other than above) EXECUTIVE DIRECTOR JUDITH STABELLI, 709 CLAY STREET 46802 TN The books are in the care of ▶ FORT WAYNE Telephone No ▶ 260-426-7323 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year \_\_\_\_\_ or  $\blacktriangleright$  |X| tax year beginning 09/01/12, and ending 08/31/13If the tax year entered in line 1 is for less than 12 months, check reason | Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions