Internal Revenue, Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990 for instructions and the latest information.

Decipping 09/01/17 and onding 08/31/18

2017 Open to Public Inspection

| <u>A</u>                | For the       | ······································  | 8/31/                             | T.8                   |                  | ·                            |  |  |
|-------------------------|---------------|---|-----------------------------------|-----------------------|------------------|------------------------------|--|--|
| В                       | Check if ag   | pplicable C Name of organization  |                                   |                       | D Employer       | Identification number        |  |  |
|                         | Address c     | thange THE LITERACY ALLIANCE, INC   |                                   |                       |                  |                              |  |  |
| 님                       |               | Doing husiness as   |                                   |                       | 35-1             | 710780                       |  |  |
| $\sqcup$                | Name cha      | Ange Number and street (or P O box if mail is not delivered to street address)  |                                   | Room/suite            | E Telephone      |                              |  |  |
|                         | Initial retur | m 1005 W. RUDISILL BLVD, # 307  |                                   |                       | 260-             | 426-7323                     |  |  |
| $\exists$               | Final retur   |   |                                   | <del></del>           |                  |                              |  |  |
| $\Box$                  | terminated    | d   |                                   |                       | _                | 722 247                      |  |  |
|                         | Amended       | FORT WAYNE IN 46807   |                                   |                       | G Gross rece     | epts \$ 733, 247             |  |  |
| $\exists$               |               | r Name and address of principal officer   |                                   | H(a) Is this a gro    | un roturn for cu | bordinates? Yes X No         |  |  |
| $\sqcup$                | Application   | on pending   NICOLE KROUSE  |                                   | n(a) is tills a gio   | ah terati tot 20 | boldilates? Tes [22] No      |  |  |
|                         |               | 1005 W. RUDISILL BLVD, #307   |                                   | H(b) Are all sub      | ordinates inclu  | ded? Yes No                  |  |  |
|                         |               | FORT WAYNE IN 46807   | 1                                 | If "No."              | attach a list (  | see instructions)            |  |  |
|                         |               |   | ·· <del>··//</del>                | <b>-</b>              | •                |                              |  |  |
|                         | Tax-exen      | mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or  | 52()                              | _                     |                  |                              |  |  |
| J                       | Website       | ► FWLITERACYALLIANCE.ORG  |                                   | H(c) Group exer       | nption number    | <b>&gt;</b>                  |  |  |
| ĸ                       | Form of o     | organization X Corporation Trust Association Other ▶  | L                                 | Year of formation $1$ | 972              | M State of legal domicile IN |  |  |
| _                       | 2artil        | Summary   | 1-                                |                       |                  |                              |  |  |
|                         | 1             | <del></del>   |                                   |                       |                  |                              |  |  |
|                         | 1 8           | Briefly describe the organization's mission or most significant activities  |                                   |                       |                  |                              |  |  |
| په                      |               | THE LITERACY ALLIANCE PROVIDES INSTRUCTION FOR AD   | OULTS W                           | ITH READIN            | IG, WRI          | TING                         |  |  |
| 2                       |               | AND MATH SKILL DEFICITS THAT IMPEDE THEIR ABILITY   | TO BE                             | STRONG PA             | RENTS.           |                              |  |  |
| Activities & Governance |               | PRODUCTIVE WORKERS AND CONTRIBUTING MEMBERS OF OU   |                                   |                       |                  |                              |  |  |
| ē                       | ١.,           |   |                                   |                       |                  |                              |  |  |
| Ô                       | 2 (           | Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed of mor  | e than 25%                        | of its net assets     | ,                |                              |  |  |
| ∞ಶ                      | 3 1           | Number of voting members of the governing body (Part VI, line 1a)   |                                   |                       | 3                | 18                           |  |  |
| ŝ                       | 4 1           | Number of independent voting members of the governing body (Part VI, line b)  | ===:                              |                       | 4                | 18                           |  |  |
| Ę                       | 5 3           | Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | <b>ECEIV</b>                      | 'ED I                 | 5                | 25                           |  |  |
| 尝                       |               | Table and be a final material and a final material |                                   | O                     | 6                | 63                           |  |  |
| ĕ                       |               | Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  | 55.64.                            | N N                   | <del></del>      |                              |  |  |
|                         | 7a 7          | Total unrelated business revenue from Part VIII, column (C), line 12 $\qquad \qquad  eta $  | PR 012                            | 2019                  | 7a               | 0                            |  |  |
|                         | l d           | Net unrelated business taxable income from Form 990-T, line 34  |                                   | S                     | 7b               | 0                            |  |  |
|                         |               |   | 255                               | Prior Yea             | r                | Current Year                 |  |  |
|                         | 8 0           | Contributions and grants (Part VIII, line 1h)   | GDEN                              | UT \$7:               | 2,849            | 663,261                      |  |  |
| ä                       | 9 F           | Program service revenue (Part VIII, line 2g)  |                                   | 1                     |                  | 12,000                       |  |  |
| ē                       | 1             | · · ·   |                                   |                       |                  | <del></del>                  |  |  |
| Revenue                 | 10 1          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -                                 |                       | 2,563            | 6,046                        |  |  |
|                         | 11 (          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                   | 3:                    | 2,876            | 41,440                       |  |  |
|                         | 12            | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                                   | 62                    | 1,613            | 722,747                      |  |  |
|                         | 1             | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  |                                   |                       |                  | 0                            |  |  |
|                         |               |   | h-                                |                       |                  |                              |  |  |
|                         |               | Benefits paid to or for members (Part IX, column (A), line 4)   |                                   | 4.0                   | 263              | 463,862                      |  |  |
| Š                       | 15 8          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | (Part IX, column (A), lines 5–10) |                       |                  |                              |  |  |
| Expenses                | 16a F         | Professional fundraising fees (Part IX, column (A), line 11e)   |                                   |                       |                  | 0                            |  |  |
| ē                       | l ba          | Total fundraising expenses (Part IX, column (D), line 25) ▶ 65, 51  | 6                                 |                       |                  |                              |  |  |
| <u>"</u> Ж              | 17 (          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | Ĭ j                               | 221                   | 0,662            | 267,230                      |  |  |
| <u> </u>                |               |   |                                   |                       |                  |                              |  |  |
| 3107                    | 18            | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | Ļ                                 |                       | 0,925            | 731,092                      |  |  |
|                         | 19 F          | Revenue less expenses Subtract line 18 from line 12   | <u> </u>                          |                       | 9,312            | -8,345                       |  |  |
| Net Assets or           | g .           |   |                                   | Beginning of Cur      | rent Year        | End of Year                  |  |  |
| - S                     | 20 7          | Total assets (Part X, line 16)  | 1                                 | 484                   | 4,029            | 455,186                      |  |  |
| –‱<br>Se                | B 21 7        | Total liabilities (Part X, line 26)   | Ī                                 | 101                   | 5,553            | 76,290                       |  |  |
|                         |               | , , ,   | }                                 |                       | 3,476            | 378,896                      |  |  |
|                         |               | Net assets or fund balances Subtract line 21 from line 20   |                                   | 30.                   | 5,4/0            | 3/0,090                      |  |  |
|                         | artill        | Signature Block   |                                   |                       |                  |                              |  |  |
| Մլ                      | Inder per     | nalties of perjury, I declare that I have examined this return, including accompanying schedules a  | and statemer                      | nts, and to the bes   | t of my knov     | vledge and belief, it is     |  |  |
| <b>Z</b> tr             | ue, corre     | ect, and complete. Declaration of preparer (other than officer) is based on all information of which  | h preparer ha                     | as any knowledge      | •                |                              |  |  |
| <u> </u>                |               | 1 ~ 0 /=  |                                   |                       | 7                | 129/19                       |  |  |
| ζ.                      |               |   |                                   |                       |                  | 129/11                       |  |  |
| <b>Sig</b>              |               | Signature of officer  |                                   |                       | Date             |                              |  |  |
| Ήe                      | re            | NICOLE KROUSE   | CHAIR                             | PERSON                |                  |                              |  |  |
|                         |               | Type or pnnt name and title   |                                   |                       |                  |                              |  |  |
|                         |               | Print/Type preparer's name Preparer's signature   | _/                                | Date                  | Check            | of PTIN                      |  |  |
| Pai                     | id            | 1 CM /// L  |                                   |                       |                  | LJ"                          |  |  |
|                         |               |   | $< \!\!\!\! -$                    | 03/18,                | /19 self-emp     |                              |  |  |
|                         | eparer        | FIRM'S NAME LEONARD J. ANDORFER & CO., LLP  | $\Delta$                          | Fi                    | rm's EIN         | <u> 35-1679361</u>           |  |  |
| Us                      | e Only        | 110 W BERRY STREET, STE. 2202   |                                   |                       |                  | <del></del>                  |  |  |
|                         |               | FORM MANAGE THE 4 CO O O 0 2 1 1  |                                   | _                     |                  | 260-423-9405                 |  |  |
| -                       |               | · · · · · · · · · · · · · · · · · · ·   |                                   | <u></u>               | hone no          |                              |  |  |
|                         | ·             | S discuss this return with the preparer shown above? (see instructions)   |                                   |                       |                  | Yes No                       |  |  |
|                         |               | ork Reduction Act Notice, see the separate instructions.  |                                   |                       |                  | Form 990 (2017)              |  |  |
| DAA                     | •             |   |                                   |                       | 0                | 13) 2                        |  |  |
|                         |               |   |                                   |                       |                  |                              |  |  |

|   | THE LITERACY AL   | LIANCE, INC   | 35-171078   | 0 Page <b>2</b>   |
|---|---|---|---|---|
| Part III Sta  | atement of Program Se   | rvice Accomplishments   |   |   |
| <u>. Ch</u>   | eck if Schedule O conta   | ins a response or note to a   | any line in this Part III   |   |
| THE LITE<br>AND MATH                                  | SKILL DEFICITS  |   | EIR ABILITY TO I  | WITH READING, WRITING BE STRONG PARENTS,  |
| 2 Did the organi                                      | zation undertake any significar   | it program services during the year   | ar which were not listed on the   |   |
| prior Form 99   |   | ,   |   | ☐ Yes X No  |
| If "Yes," descr                                       | ribe these new services on Sch  | edule O   |   |   |
| services?   |   | ake significant changes in how it o   | conducts, any program   | ☐ Yes ☒ No  |
|   | nbe these changes on Schedul  |   |   |   |
| expenses Se   |   | accomplishments for each of its t<br>rganizations are required to repor<br>ach program service reported |   |   |
| AND MATH INSTRUCT INTERNET 260 ADUL 7 LEARNI IN 3 COM | UNDER THE GUID ION OCCURS THRO CONNECTED COME TS TESTING BETWING CENTERS. 18 PUTER LABS. ES | DANCE OF LICENSEI<br>DUGH ONE-ON-ONE T<br>PUTER LABS AND IN<br>VEEN 5TH AND 10TH                        | DY BASIC SKILLS D TEACHERS AND V FUTORING, IN SMA N GED/HSE LEARNI H GRADE PREPAREI G BELOW THE 5TH ASSES WERE HELD | ING CENTER CLASSROOMS.  FOR THE GED/HSE IN GRADE LEVEL STUDIED FOR 30 ADULTS. TOTAL |
|   |   |   |   |   |
| BY SUPPO  | RTING PARENTS I   | including grants EVENES IN THE INT N THEIR ROLE AS NOTE: WITH THEIR CHII                                | rergenerational<br>Their Child's i  |   |
| 4c (Code  | ) (Expenses \$  | including grants  | s of \$   | ) (Revenue \$   |
|   |   |   |   |   |
| 4d Other program                                      | services (Describe in Schedul   | e O )   |   |   |
| (Expenses \$  | •   | cluding grants of \$  | ) (Revenue \$   |   |
| 4e Total program                                      | service expenses >  | 597,287   |   | · · · · · · · · · · · · · · · · · · ·   |

| Pa | rtilV Checklist of Required Schedules   |     | <del>,</del> |          |
|----|---|-----|--------------|----------|
|    | ı   |     | Yes          | No       |
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"           |     | 1            |          |
|    | complete Schedule A   | 1   | X            | —        |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2   | Х            | ـــــ    |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        | 1   |              |          |
|    | 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 for which donors                 |     |              |          |
|    | have 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,               |     |              | l        |
|    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7   | <u> </u>     | X        |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     |              |          |
|    | complete Schedule D, Part III   | 8   |              | X        |
|    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a         |     |              | l        |
|    | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or            |     |              |          |
|    | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |              | X        |
| 0  | Did the organization, directly or through a related organization, hold assets in temporarily restricted                 |     |              |          |
|    | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                            | 10  | X            |          |
| 1  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            |     |              |          |
|    | VII, VIII, IX, or X as applicable   |     |              |          |
| а  | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                  |     |              |          |
|    | complete Schedule D, Part VI  | 11a | X            | <u> </u> |
| b  | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more            |     | ĺ            |          |
|    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                | 11b | X            | Ш.       |
| С  | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more             |     |              |          |
|    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                               | 11c | <b> </b>     | X        |
| ď  | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets        |     | Ì            |          |
|    | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |              | X        |
| е  | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e | X            | <b></b>  |
| f  | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |     | İ            |          |
|    | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | X            | Ь        |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |     |              |          |
|    | Schedule D, Parts XI and XII  | 12a | X            | <u> </u> |
| 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 and XII is optional      | 12b |              | X        |
| 3  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13  |              | X        |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |              | X        |
| b  | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                        |     |              | ŀ        |
|    | fundraising, business, investment, and program service activities outside the United States, or aggregate               |     |              | l        |
|    | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                          | 14b |              | X        |
| 5  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       |     |              |          |
|    | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |              | X        |
| 6  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other              |     |              | ĺ        |
|    | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                               | 16  |              | X        |
| 7  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on          |     | į            | ĺ        |
|    | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                          | 17  |              | X        |
|    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             |     |              |          |
|    | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | X            | <u> </u> |
| 9  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?            |     |              |          |
|    | If "Yes," complete Schedule G, Part III   | 19  |              | X        |

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If "Yes," complete Schedule G, Part III

| Part IV |               |  |
|---------|---------------|--|
|         | t of Required |  |
|         |               |  |
|         |               |  |
|         |               |  |

|     | Checklist of Required Schedules (continued)  |     | Yes | No          |
|-----|--|-----|-----|-------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a |     | Х           |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?     | 20b |     | <u> </u>    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |     |     |             |
|     | domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II                | 21  |     | X           |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on    |     |     |             |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                      | 22  |     | X           |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |     |     |             |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated          |     |     |             |
|     | employees? If "Yes," complete Schedule J   | 23  |     | X           |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              | ľ   |     |             |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |     |     |             |
|     | through 24d and complete Schedule K If "No," go to line 25a  | 24a |     | Х           |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b |     |             |
| 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   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d |     | <u> </u>    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     |     |     |             |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a |     | X           |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior |     |     |             |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     |     |     |             |
|     | If "Yes," complete Schedule L, Part I  | 25b |     | X           |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |     |     |             |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or                |     |     |             |
|     | disqualified persons? If "Yes," complete Schedule L, Part II   | 26  |     | X           |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |     |     | 1           |
|     | 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  |     | X           |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |     | ĈŦ: |             |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                              |     |     |             |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a |     | X           |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |     |     |             |
|     | Schedule L, Part IV  | 28b |     | X           |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |     |     | ١           |
|     | 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,      |     |     |             |
|     | 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  |     | X           |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |     |     | ۱           |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | X           |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |     |     | ١           |
|     | 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           |
| þ   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a          |     |     | l           |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2        | 35b |     | <del></del> |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |     |     | <b>.</b> -  |
|     | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | X           |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |     |     | l           |
|     | 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       | j i | Ţ.  |             |
|     | 19? Note. All Form 990 filers are required to complete Schedule O  |     | X   |             |

|          | Check if Schedule O contains a response or note to any line in this Part V  |       |                                       |            |  |               |
|----------|---|-------|---------------------------------------|------------|--|---------------|
|          |   |       |                                       |            | Yes  | No            |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a    | 2                                     |            |  |               |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | 1b    | 0                                     |            |  |               |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and  |       |                                       |            |  |               |
|          | reportable gaming (gambling) winnings to prize winners?   |       |                                       | 1c         | X  | Outros Hessel |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |       |                                       |            |  |               |
|          | Statements, filed for the calendar year ending with or within the year covered by this return   | 2a    | 25                                    |            |  |               |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |       |                                       | 2b         | X  | hittink kalal |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |       |                                       |            |  |               |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |       |                                       | 3a         |  | X             |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   |       |                                       | 3b         |  |               |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other auth  |       |                                       |            |  |               |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  | ıal   |                                       |            |  | ١             |
|          | account)?   |       |                                       | 4a         | Sulmer Ettle                                 | X             |
| b        | If "Yes," enter the name of the foreign country   |       |                                       |            |  |               |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco   | unts  |                                       |            |  |               |
| _        | (FBAR)  |       |                                       |            |  |               |
| 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 transaction   | 7     |                                       | 5b         |  | Χ             |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |       |                                       | <u>5c</u>  |  |               |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |       |                                       | <b>C</b> - | Х  |               |
| <b>L</b> | organization solicit any contributions that were not tax deductible as charitable contributions?  |       |                                       | 6a         |  |               |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions of  | )r    |                                       | e b        | Х  |               |
| 7        | gitts were not tax deductible?  |       |                                       | 6b         |  | <b>基基基</b>    |
|          | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | lo.   |                                       |            |  |               |
| а        | and services provided to the payor?   | 15    |                                       | 7a         | HOUSE THE                                    | X             |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |       |                                       | 7b         |  |               |
| c        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |       |                                       | 1.5        |  |               |
| ·        | required to file Form 8282?   |       |                                       | 7c         |  | Х             |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d    |                                       | 744        |  |               |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra  |       |                                       | 7e         | HARMAN AND AND AND AND AND AND AND AND AND A | X             |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |       | ,                                     | 7f         |  | X             |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8  |       | s required?                           | 7g         |  |               |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |       | •                                     | 7h         |  |               |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b   | y the |                                       |            | H.   | 調訊            |
|          | sponsoring organization have excess business holdings at any time during the year?  |       |                                       | 8          |  |               |
| 9        | Sponsoring organizations maintaining donor advised funds.   |       |                                       |            |  |               |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?  |       |                                       | 9a         |  |               |
| b        | Did the sponsoring 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  | 10a   |                                       |            |  |               |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b   |                                       |            |  |               |
| 11       | Section 501(c)(12) organizations. Enter   | 1     |                                       |            |  |               |
| а        | Gross income from members or shareholders   | 11a   | ,                                     |            |  |               |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources  |       |                                       |            |  |               |
|          | against amounts due or received from them )   | 11b   |                                       |            |  |               |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10   | 1     |                                       | 12a        | Militari delle                               | F.60507978898 |
|          | · · · · · · · · · · · · · · · · · · ·   | 12b   |                                       |            |  |               |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |       |                                       |            |  |               |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  |       |                                       | 13a        | gragament.                                   | իլ կոմ դոլերի |
|          | 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  | 1     |                                       |            |  | 謝謂            |
|          | the organization is licensed to issue qualified health plans  | 13b   |                                       |            |  |               |
|          | Enter the amount of reserves on hand  | 13c   | · · · · · · · · · · · · · · · · · · · | 連続記        |  |               |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  |       |                                       | 14a        |  | <u>X</u>      |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |       | <del></del>                           | 14b        | 000  | (2017)        |
| DAA      |   |       |                                       | For        | m 岁岁し  | # (2017)      |

35-1710780 Governance, Management, and Disclosure For each "Yos" rosponso to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|  | Check if Schedule O contains a response or note to any line in this Part VI  |          |          |      |     | _ <u> </u> X |  |
|--|--|----------|----------|------|-----|--------------|--|
| Sec  | tion A. Governing Body and Management  |          |          |      |     |              |  |
|  |  |          |          |      | Yes | No           |  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year                                      | 1a       | 18       |      |     |              |  |
|  | 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       | 18       |      |     |              |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with           |          |          |      |     |              |  |
|  | any other officer, director, trustee, or key employee?   |          |          | 2    |     | Χ            |  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct                |          |          |      |     |              |  |
|  | 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    |     | Х            |  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?               |          |          | 5    |     | Х            |  |
| 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   |     | Χ            |  |
| ь  | Are any governance decisions of the organization reserved to (or subject to approval by) members,                        |          |          |      |     |              |  |
|  | stockholders, or persons other than the governing body?  |          |          | 7b   |     | Х            |  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year b        | y the fo | llowing  |      |     |              |  |
| а  | The governing body?  |          |          | 8a   | X   |              |  |
| b  | Each committee with authority to act on behalf of the governing body?  |          |          | 8b   | Х   |              |  |
| 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    |     | Χ            |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Inter                           | nal Re   | evenue C | ode) |     |              |  |
|  |  |          |          |      | Yes | _            |  |
| 0a   | Did the organization have local chapters, branches, or affiliates?   |          |          | 10a  |     | X            |  |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,           |          |          |      |     |              |  |
|  | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?              |          |          | 10b  |     |              |  |
| 1a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the    | form?    |          | 11a  | Χ   |              |  |
| b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990                             |          |          |      |     |              |  |
| 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 |  |          |          |      |     |              |  |
| b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | conflic  | ts?      | 12b  | Х   |              |  |
| С  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                |          |          |      |     |              |  |
|  | describe in Schedule O how this was done   |          |          | 12c  | Χ   |              |  |
| 3  | Did the organization have a written whistleblower policy?  |          |          | 13   | Χ   |              |  |
| 4  | Did the organization have a written document retention and destruction policy?   |          |          | 14   | X   |              |  |

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

IN 17 List the states with which a copy of this Form 990 is required to be filed

Other officers or key employees of the organization

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

 $\overline{X}$  Own website  $\overline{X}$  Another's website  $\overline{X}$  Upon request X Other (explain in Schedule O)

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

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

MIKE LANDRAM, CEO

1005 W. RUDISILL BLVD, # 307

FORT WAYNE IN 46807 260-426-7323

Χ

X

15a

15b

16a

16b

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

| (A)<br>Name and Title              | (B) Average hours per week (list any                           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |          |              |                                 | an<br>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 |
|------------------------------------|--|--|-----------------------|----------|--------------|---------------------------------|-----------|--|--|---|
|                                    | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director  | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former    | (W-2/1099-MISC)                                    | (W E 1666 IIIICO)  | organization<br>and related<br>organizations        |
| (1) NICOLE KROUSE                  |  |  |                       |          |              |                                 |           |  |  |   |
|                                    | 3.00   |  |                       | ,,       |              |                                 |           |  |  | 0   |
| CHAIRPERSON                        | 0.00   | X  |                       | X        |              | <del> </del>                    |           | .0   | 0  | 0   |
| (2) ERIC CLABAUGH                  | 3.00   |  |                       |          |              |                                 |           |  |  |   |
| VICE CHAIDDEDCON                   | 0.00   | X  |                       | X        |              |                                 |           | ol   | 0  | 0   |
| VICE CHAIRPERSON (3) TIM VANHOUTEN | 0.00   | ╁≏   |                       | ┝        |              |                                 | _         | <u> </u>   |  |   |
| (3) IIII VANIIOOIEN                | 3.00   |  |                       |          |              |                                 |           |  |  |   |
| SECRETARY                          | 0.00   | X  |                       | Х        |              | •                               |           | l ol   | 0  | 0   |
| (4) LINDA WELLMAN                  | ""   | <u> </u>   |                       | <u> </u> |              |                                 |           |  |  |   |
| ,,                                 | 3.00   |  |                       |          |              |                                 |           |  | •  |   |
| TREASURER                          | 0.00   | X  |                       | Х        |              |                                 |           | 0  | 0  | 0   |
| (5) DREW DUNLAVY                   |  |  |                       |          |              |                                 |           |  |  |   |
|                                    | 1.00   |  |                       |          |              |                                 |           |  |  |   |
| DIRECTOR                           | 0.00   | X  |                       | <u> </u> |              |                                 |           | O O  | 0  | 0   |
| (6) CHRISSY DWIRE                  | 1 00   |  | 1                     |          |              |                                 |           |  |  |   |
|                                    | 1.00   | <b> </b> ,,  |                       |          |              |                                 |           |  | 0  | 0   |
| DIRECTOR                           | 0.00   | X  | <u> </u>              | ļ        |              |                                 | <u> </u>  | 0  | 0  | 0   |
| (7) MARNA RENTERIA                 | 1.00   |  |                       |          |              |                                 |           |  |  |   |
| DIRECTOR                           | 0.00   | X  |                       |          |              |                                 |           | o  | 0  | 0   |
| (8) SONJA STRAHM                   | 0.00   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | ├                     |          |              | <del> </del>                    |           |  |  |   |
| (a) BONOTI BITUTHI                 | 1.00   |  |                       |          |              |                                 |           |  |  |   |
| DIRECTOR                           | 0.00   | X  |                       |          |              |                                 |           | 0  | 0  | 0   |
| (9) DUSTIN TIRPAK                  |  | 1  |                       |          |              |                                 |           |  |  |   |
| ,,                                 | 1.00   |  |                       |          |              |                                 |           |  |  |   |
| DIRECTOR                           | 0.00   | X  |                       |          |              |                                 |           | 0  | 0  | 0   |
| (10) CHARITY MURPHY                |  |  |                       |          |              |                                 |           |  |  |   |
|                                    | 1.00   |  |                       |          |              |                                 |           |  |  |   |
| DIRECTOR                           | 0.00   | X  |                       |          | <u> </u>     |                                 |           | 0  | 0  | 0   |
| (11) COREY PORTER                  |  |  |                       |          |              |                                 |           |  |  |   |
|                                    | 1.00   |  |                       |          |              |                                 |           |  |  | ^   |
| DIRECTOR                           | 0.00   | X  | L                     | <u> </u> | <u> </u>     | L                               |           | 0  | 0  | Form <b>990</b> (2017)                              |

| Part VIII Section A. Officers  | , Directors, Tru  | stee                             | s, Ke   | y Er                     | nplo                 | yees                         | s, an                 | nd Highest Compensated  | Employees (continued)                                  |  |  |
|--|---|----------------------------------|---------|--------------------------|----------------------|------------------------------|-----------------------|---|--|--|--|
| (A) ·<br>Name and title  | (B)<br>Average<br>hours per<br>week<br>(list any  | bo                               | ox, uni | Pos<br>check<br>ess pe   | rson i               | than o                       | an                    | (D) Reportable compensation from the  | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |  |
|  | hours for<br>related<br>organizations<br>below dotted<br>line)  | or director                      |         | Officer                  | Key employee         | Highest compensated employee | _                     | organization<br>(W-2/1099-MISC)   | (W-21099-MISC)   | from the<br>organization<br>and related<br>organizations |  |
| (12) CINDY STEURY DIRECTOR   | 1.00  | Х                                |         |                          |                      |                              |                       | 0   | 0  | 0  |  |
| (13) KARA DENSMORE   | 1.00  | Х                                |         |                          |                      |                              |                       | 0   | 0  | 0  |  |
| (14) MIKE LANDRAM CEO  | 40.00   | ļ                                |         | Х                        |                      | II.                          |                       | 82,248  | 0  | 0  |  |
|  |   |                                  |         |                          |                      |                              |                       |   |  |  |  |
| 1b Sub-total<br>c Total from continuation shee   | ets to Part VII, S  | ectio                            | on A    |                          |                      |                              | <b>&gt;</b>           | 82,248  |  |  |  |
| d Total (add lines 1b and 1c)  2 Total number of individuals (inc  |   |                                  | to th   | ose                      | liste                | d abo                        | ve)                   | 82,248 who received more than \$10  |  |  |  |
| reportable compensation from the services rendered to the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization and related organization listed on line 1a for services rendered to the organization B. Independent Contractor | mer officer, dire<br>complete Schedu<br>1a, is the sum o<br>zations greater to<br>a receive or accru<br>ganization? If "Ye  | ctor,<br>ule J<br>f rep<br>han : | or tro  | uch i<br>ele co<br>,000° | ndiv<br>ompe<br>on f | idual<br>ensat<br>Yes,'      | ion a<br>" <i>con</i> | and other compensation from<br>inplete Schedule J for such<br>unrelated organization or inc | n the  | Yes No X X 4 X X X                                       |  |
| Complete this table for your five compensation from the organizer.   | e highest comper<br>ation Report cor  |                                  |         |                          |                      |                              |                       | year ending with or within t  | he organization's tax year                             | (C)  |  |
| Name and   | (A)<br>business address   |                                  |         |                          |                      |                              |                       | Descrip   | (B)<br>lion of services                                | (C)<br>Compensation                                      |  |
|  |   |                                  |         |                          |                      |                              |                       |   |  |  |  |
|  |   |                                  |         |                          |                      |                              |                       |   | 11-11-11   |  |  |
| 2 Total number of independent or received more than \$100,000 o  | ontractors (included from the compensation to | ling l                           | the o   | ot lim<br>orgar          | nted<br>nzati        | to th<br>ion ▶               | ose                   | listed above) who   | 0  | Form <b>990</b> (2017)                                   |  |

|  | Check if Schedule O contains a response or note to any line in this Part VIII |  |                       |               |  |  |   |  |  |  |  |  |
|--|---|--|-----------------------|---------------|--|--|---|--|--|--|--|--|
|  |   |  |                       |               | (A) Total revenue  | (B) Related or exempt function revenue                               | (C)<br>Unrelated<br>business<br>revenue   | (D) Revenue excluded from lax under sections 512-514   |  |  |  |  |
| Ste  | та  | Federated campaigns  | ¹la                   | 30,500        |  |  |   |  |  |  |  |  |
| Sign   | ь   | Membership dues  | 1b                    |               |  |  |   |  |  |  |  |  |
| 13.40<br>D. E.   | C   | Fundraising events   | 16                    |               |  |  |   |  |  |  |  |  |
| ig ig  | d   | Related organizations  | 1d                    |               |  |  |   |  |  |  |  |  |
| Sin's  | G   | Government grants (contributions)  | 1c                    | 199,833       |  |  |   |  |  |  |  |  |
| # E  | F   | All other contributions, gifts, grants<br>and similar amounts not included above |                       | A7111 A1 14   |  |  |   |  |  |  |  |  |
| 20<br>20<br>20   |   | •  | 1f                    | 432,928       |  |  |   |  |  |  |  |  |
| Š.   | 9   | Noncașh contribuinou included in lines 1a <b>Total.</b> Add lines 1a-1f          | 1f \$ .               | _             | 663,261  | "Tire" "Luftbrie bekriuwskillingbrief withister                      |   |  |  |  |  |  |
| Program Service Revenue   Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts | -"  | Total. Add lines 1a-11   |                       | Busn Code     |  |  |   |  |  |  |  |  |
| enc  | 2a  | PROGRAM SERVICE FEE  | s s                   | 611710        | 12,000   | 12,000   |   |  |  |  |  |  |
| Rev  | b   | TROOLAN DERVICE TEE  | 5                     |               | 12,000   | 12,000   |   |  |  |  |  |  |
| ič   | С   |  |                       |               |  |  |   |  |  |  |  |  |
| Sen  | ď   |  |                       |               |  |  |   |  |  |  |  |  |
| am   | e   |  |                       |               |  | ,  |   |  |  |  |  |  |
| õ  | f   | All other program service reven  | iue                   |               |  |  |   |  |  |  |  |  |
| <u>-</u>   | <u> </u>  |  |                       | <u> </u>      | 12,000   |  |   |  |  |  |  |  |
|  | 3   | Investment income (including d   | ividends, inte        | erest,        | 6 046  |  |   | 6 046  |  |  |  |  |
|  | ۱.  | and other similar amounts)   |                       | •             | 6,046  | <u> </u>   |   | 6,046  |  |  |  |  |
|  | 5   | Income from investment of tax-<br>Royalties                                      | exempt bond           | proceeds >    |  |  |   |  |  |  |  |  |
|  | "   | (ı) Řeai   |                       | (II) Personal |  |  |   |  |  |  |  |  |
|  | 6a  | Gross rents  |                       | (1)           |  |  |   |  |  |  |  |  |
|  | b   | Less rental exps   |                       |               |  |  |   |  |  |  |  |  |
|  | С   | Rental inc or (loss)   |                       |               |  |  |   |  |  |  |  |  |
|  | _d  | Net rental income or (loss)  |                       | <b>&gt;</b>   |  |  |   |  |  |  |  |  |
|  | 7a  | Gross amount from (i) Securities   |                       | (ii) Öttieii  |  |  |   |  |  |  |  |  |
|  |   | other than inventory   |                       |               |  |  |   |  |  |  |  |  |
|  | b   | Less cost or other   |                       |               |  |  |   |  |  |  |  |  |
|  |   | basis & sales exps   | <u> </u>              |               |  |  |   |  |  |  |  |  |
|  |   | Gain or (loss)   |                       |               |  |  |   |  |  |  |  |  |
|  | d<br>8a   | Net gain or (loss) Gross income from fundraising even                            | le                    |               |  |  |   |  |  |  |  |  |
| Jue  |   | (not including \$  | "  .                  |               |  |  |   |  |  |  |  |  |
| SVE!   |   | of contributions reported on line 1c)  | -                     |               |  |  |   |  |  |  |  |  |
| Other Revenu   |   | See Part IV, line 18   | a                     | 51,940        |  |  |   |  |  |  |  |  |
| ŧ  | b   | Less direct expenses   | ь                     |               |  |  |   |  |  |  |  |  |
| ٥  | С   | Net income or (loss) from fundr  | aising events         | <b>&gt;</b>   | 41,440   |  |   | 41,440   |  |  |  |  |
|  | 9а  | Grôss incôme from gaining activities   |                       |               |  |  |   |  |  |  |  |  |
|  | ,   | See Part IV, line 19   | a                     |               |  |  |   |  |  |  |  |  |
|  |   | Less direct expenses   | b                     |               |  |  |   |  |  |  |  |  |
|  |   | Net income or (loss) from gamin  | ng acti <u>vities</u> | <u> </u>      | Line ner engelstaden gebeuren er en  | TAN ANDREAS AND THE ANDREAS AND  |   | roen ekinimin esperatoraasia janadesi  |  |  |  |  |
|  | iva   | Gross sales of inventory, less   |                       |               |  |  |   |  |  |  |  |  |
|  | b   | returns and allowances Less cost of goods sold                                   | a<br>h                |               |  |  |   |  |  |  |  |  |
|  |   | Net income or (loss) from sales  | · —                   |               | TRI TERRETARIA TELEBOOR MENERALA DEL SARRES DEL SARRES.<br>L'ANTITÀ DE L'ANTITÀ DE L | TENERESERVORUMENINKARRA O DANIERA MANUSINI                           | Perior mode is store and stantal thrust consister   | aninemosanavereidinistakikalistakisistakilini  |  |  |  |  |
| .Ì   |   | Miscellaneous Revonuu  | voinory               | Busn. Code    |  |  |   |  |  |  |  |  |
|  | 11a   |  | - 0                   |               |  | an against a sea an an Anna ann an Leitheill, Lineachadh             | personantament programment i interpretation in the interpretation | nones pro- co. 1 - qua - coloque toplandi in Silini |  |  |  |  |
| ł  | b   |  |                       |               |  |  |   |  |  |  |  |  |
|  | С   |  |                       |               |  |  |   |  |  |  |  |  |
|  | d   | All other revenue  |                       | Ĺ             |  | Historica de la propositio de la | and Contain to Historian  | Particularity of the second state of the secon |  |  |  |  |
|  |   | Total. Add lines 11a-11d   |                       | •             |  |  |   |  |  |  |  |  |
|  | 12  | Total revenue. See instructions  | <u> </u>              | ▶             | 722,747  | 12,000   | 0   | 47,486   |  |  |  |  |

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, Total expenses Program service expenses general expenses expenses expenses expenses

|          | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses           | (C)<br>Management and<br>general expenses                 | (D)<br>Fundraising<br>expenses                  |
|----------|---|-----------------------|--|---|---|
| 1        | Grants and other assistance to domestic organizations   |                       |  |   |   |
|          | and domestic governments See Part IV, line 21   |                       |  |   |   |
| 2        | Grants and other assistance to domestic   |                       |  |   |   |
| •        | individuals See Part IV, line 22  |                       |  |   |   |
| 3        | Grants and other assistance to foreign<br>organizations, foreign governments, and foreign   |                       |  |   |   |
|          | individuals See Part IV, lines 15 and 16  |                       |  |   |   |
| 4        | Benefits paid to or for members   |                       |  |   |   |
| 5        | Compensation of current officers, directors,  |                       |  |   |   |
|          | trustees, and key employees   | 82,248                | 41,124                                 | 20,562  | 20,562  |
| 6        | Compensation not included above, to disqualified  |                       |  |   |   |
|          | persons (as defined under section 4958(f)(1)) and   |                       |  |   |   |
| _        | persons described in section 4958(c)(3)(B)  | 244 066               | 21.6 221                               | 04 746  | 2 000   |
| 7        | Other salaries and wages  | 344,066               | 316,331                                | 24,746  | 2,989   |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |  |   |   |
| 9        | Other employee benefits   | 2,411                 | 1,808                                  | 241   | 362   |
| 10       | Payroll taxes   | 35,137                | 29,569                                 |   | 2,073   |
| 11       | Fees for services (non-employees)   | 33/137                | 20,000                                 | 3, 150  | 2,010   |
| a        | Management  |                       |  |   |   |
| b        | Legal   |                       |  |   |   |
| С        | Accounting  | 17,079                | 11,829                                 | 1,512   | 3,738   |
| d        | Lobbying  |                       |  |   |   |
| е        | Professional fundraising services See Part IV, line 17  |                       |  |   |   |
| f        | investment management fees  | 319                   |  | 319   |   |
| g        | Other (If line 11g amount exceeds 10% of line 25, column  | <b>.</b>              | 00.040                                 |   | 10.075  |
|          | (A) amount, list line 11g expenses on Schedule O)   | 56,083                | 38,842                                 | 4,966   |   |
| 12       | Advertising and promotion   | 9,045                 | 4,994<br>16,729                        | 666<br>1,247  | 1,966   |
| 13<br>14 | Office expenses   | 19,942                | 10,729                                 | 1,241   | 1,900   |
| 15       | Information technology Royalties  |                       | ······································ |   |   |
| 16       | Occupancy   | 42,433                | 31,943                                 | 4,196   | 6,294   |
| 17       | Travel  | 1,409                 | 1,234                                  | 70  | 105   |
| 18       | Payments of travel or entertainment expenses  |                       | _                                      |   |   |
|          | for any federal, state, or local public officials   |                       |  |   |   |
| 19       | Conferences, conventions, and meetings  | t.                    |  |   |   |
| 20       | Interest  |                       |  |   |   |
| 21       | Payments to affiliates  | 02.055                | 17 442                                 | 0 206   | 2 400   |
| 22       | Depreciation, depletion, and amortization   | 23,255                | 17,441                                 | 2,326   | 3,488   |
| 23       | Insurance   | 1,385                 | 1,039                                  | 138   | 208   |
| 24       | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If   |                       |  |   |   |
|          | line 24e amount exceeds 10% of line 25, column  |                       |  |   |   |
|          | (A) amount, list line 24e expenses on Schedule O )  |                       |  |   |   |
| а        | STUDENT EXPENSE   | 26,451                | 26,451                                 | Compact Cod on Annatory Patrix Corres on Smaller (et all) | Sementiful Milevilled and assessed accompany of |
| b        | EQUIPMENT RENTAL AND MAIN   | 25,528                | 19,295                                 | 2,493   | 3,740   |
| С        | RESOURCE MATERIAL   | 20,181                | 20,181                                 |   |   |
| d        | SUPPLIES  | 8,268                 | 6,224                                  | 819   | 1,225   |
| е        | All other expenses  | 15,852                | 12,253                                 | 493   | 3,106   |
| 25       | Total functional expenses. Add lines 1 through 24e  | 731,092               | 597,287                                | 68,289  | 65,516  |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) |                       |  |   |   |
| DAA      |   |                       |  |   | Form 990 (2017)                                 |

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 150 150 1 Cash-non-interest bearing 256,981 303 Savings and temporary cash investments 2 41,425 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 1,550 5,013 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 220,822 10a other basis. Complete Párt VI of Schedule D. 113,712 90,457 130,365 10c b Less accumulated depreciation 10b 11 Investments—publicly traded securities 11 63,283 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 3,465 15 15 Other assets See Part IV, line 11 484,029 16 Total assets. Add lines 1 through 15 (must equal line 34) 7.842 17 Accounts payable and accrued expenses 17 18 Grants payable 18 43,092 962 24. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 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 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 43,801 49,619 of Schedule D 100,553 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 267,949 289,261 27 27 Unrestricted net assets 115. 527 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 378,896 383,476 33 33 Total net assets or fund balances 484,029 455,186 Total liabilities and net assets/fund balances

| orm | 990 (2017) THE LITERACY ALLIANCE, INC 35-1/10/80  |    |                | Pag           | <u>ge 12</u>       |
|-----|---|----|----------------|---------------|--------------------|
| ₽a  | Reconciliation of Net Assets  | ·  |                |               |                    |
|     | . Check if Schedule O contains a response or note to any line in this Part XI                                 |    |                |               | $oldsymbol{\perp}$ |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |                |               | 747                |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 7              | <u>31, (</u>  | <u>092</u>         |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3  |                | <u>-8,:</u>   |                    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 3              | 83 <u>,</u>   |                    |
| 5   | Net unrealized gains (losses) on investments  | 5  |                | <u>3,</u>     | <u> 765</u>        |
| 6   | Donated services and use of facilities  | 6  |                |               |                    |
| 7   | Investment expenses   | 7  |                |               |                    |
| 8   | Prior period adjustments  | 8  |                |               |                    |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |                |               |                    |
| 0   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    |                |               |                    |
|     | 33, column (B))   | 10 | 3              | 78 <b>,</b> 8 | <u>896</u>         |
| Pa  | rtXII Financial Statements and Reporting  |    |                |               | _                  |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |                |               |                    |
|     |   |    | City Estimates | Yes           | No                 |
| 1   | Accounting method used to prepare the Form 990  |    |                |               |                    |
|     | 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             | L             | X                  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    |                |               |                    |
|     | reviewed on a separate basis, consolidated basis, or both   |    | 1279           |               |                    |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    |                |               |                    |
| b   | Were the organization's financial statements audited by an independent accountant?                            |    | 2b             | X             | ne uminosi d       |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |                |               |                    |
|     | separate basis, consolidated basis, or both   |    |                |               |                    |
|     | X Separate basis Consolidated basis Both consolidated and separate basis                                      |    |                |               |                    |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |    |                | .             |                    |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    | 2c             | Х             | alwining a         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |    |                |               |                    |
|     | Schedule O  |    |                |               |                    |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |                |               |                    |
|     | the Single Audit Act and OMB Circular A-133?  |    | 3a             |               | <u>X</u>           |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |                |               |                    |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3b             |               | <u> </u>           |
|     |   |    | For            | m 990         | (2017)             |

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Reason for Public Charity Status (All organizations must complete this part ) See instructions

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

THE LITERACY ALLIANCE, INC

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

Employer Identification number 35-1710780

| 2     | Ш   | A school desc   | cribed in section 170(b)(1)(A                                   | )(ii). (Attach Schedule E (Form s  | 990 or 990              | )-EZ) )                               | ( )   | Y   |  |  |  |
|-------|-----|---|---|--|-------------------------|---------------------------------------|---|---|--|--|--|
| 3     |     | A hospital or a   | a cooperative hospital service                                  | e organization described in <b>secti</b>   | on 170(b)               | (1)(A)(iii)                           |   | ı   |  |  |  |
| 4     |     | A medical res   | earch organization operated                                     | in conjunction with a hospital de:   | scribed in              | section 1                             | 170(b)(1)(A)(iii). Enter the hos                        | oital's name,   |  |  |  |
|       |     | city, and state   | •   |  |                         |                                       |   |   |  |  |  |
| 5     |     | An organization   | on operated for the benefit of                                  | a college or university owned or   | operated                | by a gove                             | ernmental unit described in                             |   |  |  |  |
|       |     | section 170(  | b)(1)(A)(iv). (Complete Part                                    | 1)   |                         |                                       |   |   |  |  |  |
| 6     |     | A federal, stat   | te, or local government or go                                   | vernmental unit described in sec   | tion 170(               | b)(1)(A)(v                            | <b>'</b> ).   |   |  |  |  |
| 7     | X   | -   | on that normally receives a si<br>section 170(b)(1)(A)(vi). (Co | ubstantial part of its support from mplete Part II)  | a govern                | mental un                             | it or from the general public                           |   |  |  |  |
| 8     |     | A community   | trust described in section 17                                   | '0(b)(1)(A)(vi). (Complete Part II   | )                       |                                       |   |   |  |  |  |
| 9     |     | An agricultura  | al research organization desc                                   | ribed in <b>section 170(b)(1)(A)(ix</b> ) agriculture (see instructions) Er  | ) operated              |                                       |   |   |  |  |  |
|       | _   | university  |   |  |                         |                                       |   |   |  |  |  |
| 10    |     | receipts from support from  | activities related to its exempgross investment income and      | more than 33 1/3% of its suppoint functions—subject to certain early unrelated business taxable incompany. See section 509(a)(2). (( | xceptions,<br>ome (less | and (2) n<br>section 51               | o more than 33 1/3% of its                              |   |  |  |  |
| 11    | Ш   | An organization   | on organized and operated ex                                    | clusively to test for public safety  | See sec                 | tion 509(                             | a)(4).  |   |  |  |  |
| 12    | Ш   | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g |   |  |                         |                                       |   |   |  |  |  |
|       | _   | $\overline{}$   | -   |  |                         |                                       |   | -y  |  |  |  |
|       | а   | the suppo   | orted organization(s) the pow                                   | rated, supervised, or controlled be<br>er to regularly appoint or elect a  | majority o              | _                                     |   |   |  |  |  |
|       |     | _ ``  | ~ ~   | mplete Part IV, Sections A and   |                         |                                       | d   |   |  |  |  |
|       | b   |   |   | ervised or controlled in connection<br>ng organization vested in the sar   |                         |                                       |   |   |  |  |  |
|       |     |   | ion(s) You must complete  | = =  | ne persor               | is that con                           | in or or manage the supported                           |   |  |  |  |
|       | С   | Type III f  | unctionally integrated. A su                                    | upporting organization operated in uctions) You must complete P  |                         |                                       |   |   |  |  |  |
|       | d   |   | •                         | . A supporting organization opera  |                         |                                       |   | 3)  |  |  |  |
|       | u   |   |   | organization generally must satis  |                         |                                       |   | ?)  |  |  |  |
|       |     |   |   | ust complete Part IV, Sections   |                         |                                       |   |   |  |  |  |
|       | е   | Check thi   | s box if the organization rece                                  | ived a written determination from functionally integrated supporting   | the IRS                 | hat it is a                           |   |   |  |  |  |
|       | f   |   | nber of supported organizatio                                   | · · · · · · · · · · · · · · · · ·  |                         |                                       |   |   |  |  |  |
|       | g   | Provide the fo  | ollowing information about the                                  | supported organization(s)  |                         |                                       |   |   |  |  |  |
| (1)   |     | e of supported<br>ganization  | (II) EIN  | (III) Type of organization<br>(described on lines 1–10<br>above (see instructions))  | listed in you           | organization<br>or governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vI) Amount of<br>other support (see<br>instructions) |  |  |  |
|       |     |   |   | ,  | Yes                     | No                                    | ·   | ·   |  |  |  |
| (A)   |     |   |   |  |                         |                                       |   |   |  |  |  |
| (B)   |     | · • • · · · · · · · · · · · · · · · · ·   | · ·   |  |                         |                                       |   |   |  |  |  |
|       |     |   |   |  | ļ                       |                                       |   |   |  |  |  |
| (C)   |     |   |   |  |                         |                                       |   |   |  |  |  |
| (D)   |     |   |   |  |                         |                                       |   |   |  |  |  |
| (E)   |     |   |   |  |                         |                                       |   |   |  |  |  |
| Total |     |   | 1   | , -  |                         |                                       |   |   |  |  |  |
|       | ner | work Reductio   | n Act Notice, see the Instructi                                 | ons for Form 990 or 990-EZ.  |                         |                                       | Schedule  | A (Form 990 or 990-EZ) 2017                           |  |  |  |

Page 2

THE LITERACY ALLIANCE, INC

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      | tion A. Public Support   |   |  |  |                                |  |            |
|----------|--|---|--|--|--------------------------------|--|------------|
| Caler    | ndar year (or fiscal year beginning in)  | (a) 2013                                | (b) 2014   | (c) 2015   | (d) 2016                       | (e) 2017   | (f) Total  |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 567,899                                 | 666,319  | 654,243  | 572,849                        | 663,261  | 3,124,571  |
| 2        | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf  |   |  |  |                                |  |            |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge  | 7,680                                   | 7,680  | 7,680  | 7,680                          | 11,520   | 42,240     |
| 4        | Total. Add lines 1 through 3   | 575,579                                 | 673,999  | 661,923  | 580,529                        | 674,781  | 3,166,811  |
| 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)  |   |  |  |                                |  | 051 000    |
| 6        | Public support. Subtract line 5 from line 4  |   |  |  |                                |  | 851,082    |
|          | tion B. Total Support  | [[] [] [] [] [] [] [] [] [] [] [] [] [] | [ ] 16   10.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 | 1 当在证明证明345法部位元率1.2 电字标件与基本                          | 【中华以市县州市中安市设长山市以下50公司市、300mm59 | LANGUAGE CONTRACTOR CO | 2,315,729  |
|          | ndar year (or fiscal year beginning in)  | (a) 2013                                | (b) 2014   | (c) 2015   | (d) 2016                       | (e) 2017   | (f) Total  |
| 7        | Amounts from line 4  | 575,579                                 | <del> </del>   |  | <del></del>                    | h  | 3,166,811  |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 3,145                                   | 1,378  |  |                                | 6,046  | 12,391     |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carned on  |   |  |  |                                |  |            |
| 10       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  | 605                                     | 27,886   | 28,736<br>- 20:00:00:00:00:00:00:00:00:00:00:00:00:0 | 39,491                         | 51,940   | 148,658    |
| 11       | Total support. Add lines 7 through 10  |   |  |  |                                | ·  | 3,327,860  |
| 12<br>13 | Gross receipts from related activities, etc. (First five years. If the Form 990 is for the control of the contr |   | account third found  | h as fifth tay was a                                 | a a contrar EO1/a)/            | 12   | 12,000     |
| 13       | organization, check this box and stop here   |   | secona, uma, iouri   | ii, oi iiitii tax year a                             | is a section 50 I(c)(          | ,3)  | ▶ □        |
| Sec      | tion C. Computation of Public Su   |   | age  |  |                                |  |            |
| 14       | Public support percentage for 2017 (line 6,  | · · · · · · · · · · · · · · · · · · ·   |  | <u></u>  |                                | 14   | 69.59%     |
| 15       | Public support percentage from 2016 Schei  | • • •                                   | •  | .,,,   |                                | 15   | 60.52%     |
| 16a      | 33 1/3% support test—2017. If the organiz  |   |  | , and line 14 is 33                                  | 1/3% or more, che              |  |            |
|          | box and stop here. The organization qualifi  | ies as a publicly su                    | pported organizatio  | n  |                                |  | <b>▶</b> X |
| b        | 33 1/3% support test—2016. If the organization qualities box and stop here. The organization qualities are supported by the support of the su | zation did not checl                    | k a box on line 13 o   | r 16a, and line 15 i                                 | s 33 1/3% or more              | , check  | ▶ [        |
| 17a      |  |   |  |  | or 16h, and line 14            | 1 ie   |            |
|          | 10% or more, and if the organization meets   | •                                       |  |  |                                |  |            |
|          | Part VI how the organization meets the "fac  |   | •  |  | •                              |  |            |
|          | organization   |   | J  | •  | , , , , ,                      |  | ▶ [        |
| b        | 10%-facts-and-circumstances test—201   | 6. If the organization                  | on did not check a t   | oox on line 13, 16a,                                 | , 16b, or 17a, and li          | ne   |            |
|          | 15 is 10% or more, and if the organization r   | neets the "facts-and                    | d-circumstances" te  | est, check this box                                  | and stop here.                 |  |            |
|          | Explain in Part VI how the organization mee  | ets the "facts-and-c                    | rcumstances" test  | The organization of                                  | qualifies as a public          | ly   | . —        |
|          | 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   |   |  |  |                                |  |            |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II

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

|       | If the organization fails to   | qualify under th          | ne tests listed b    | elow, please co        | omplete Part II     | )            |          |                                    |
|-------|--|---------------------------|----------------------|------------------------|---------------------|--------------|----------|------------------------------------|
| Sec   | tion A. Public Support   |                           |                      |                        |                     |              | $\angle$ | <b></b>                            |
| Caler | dar year (or fiscal year beginning in)   | (a) 2013                  | (b) 2014             | (c) 2015               | (d) 2016            | (e) 201,7°   |          | (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)   |                           |                      |                        |                     |              |          |                                    |
| Sec   | tion B. Total Support  |                           | /                    | -                      |                     |              |          |                                    |
| Caler | ndar year (or fiscal year beginning in)  | (a) 2013 /                | (b) 2014             | (c) 2015               | (d) 2016            | (e) 2017     |          | (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  |                           |                      |                        |                     |              | $\dashv$ |                                    |
| 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 VI)  |                           |                      |                        |                     |              |          |                                    |
| 13    | Total support. (Add lines 9, 10c, 11, and 12)  |                           |                      |                        |                     |              |          |                                    |
| 14    | First five years. If the Form 990 is for the   | organization's first.     | second, third, fourt | h. or fifth tax vear a | is a section 501(c) | (3)          |          | · <del>- / /</del> · · <del></del> |
|       | organization, check this box and stop here   | •                         | ,                    | ,                      | -                   | ` '          |          | ▶ [                                |
| Sec   | tion C. Computation of Public Su   | pport Percent             | age                  |                        |                     |              |          | •                                  |
| 15    | Public support percentage for 2017 (line 8,  | column (f) divided l      | by line 13, column   | (f))                   |                     |              | 15       | %                                  |
| 16    | Public support percentage from 2016 Sche   |                           | =                    |                        |                     |              | 16       | %                                  |
| Sec   | tion D. Computation of Investme  |                           |                      |                        |                     |              |          |                                    |
| 17    | Investment income percentage for 2017 (III   |                           |                      | olumn (f))             | <del></del>         |              | 17       | %                                  |
| 18    | Investment income percentage from 2016   |                           | *                    |                        |                     | Γ            | 18       | %                                  |
| 19a   | 33 1/3% support tests—2017. If the organ   |                           |                      | 14, and line 15 is m   | ore than 33 1/3%,   | and line     |          |                                    |
|       | 17 is not more than 33 1/3%, check this bo   |                           |                      |                        |                     |              |          | ▶∟                                 |
| b     | 33 1/3% support tests—2016. If the orga  | nization did not che      | ck a box on line 14  | or line 19a, and lin   | e 16 is more than   | 33 1/3%, and |          | _                                  |
|       | line 18 is not more than 33 1/3%, check this   | s box and <b>stop her</b> | e. The organization  | n qualifies as a pub   | licly supported org | anization    |          | ▶ <u> </u>                         |
| 20    | Private foundation. If the organization did  | not check a box or        | line 14, 19a, or 19  | b, check this box a    | ind see instruction | s            |          | <b>&gt;</b> _                      |

Page 4

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

|               | Yes  | No                  |
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| 10b           | 0.0000   | E7\ 0047            |
| (Form 99      | O OL 220-  | CZ) ZU1/            |

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

| Adjusted   | net income for prior year (from Section A, line 8, Column A)                           | 1             |                              |  |
|------------|--|---------------|------------------------------|--|
| Enter 85   | % of line 1  | 2             |                              |  |
| Mınımun    | n asset amount for prior year (from Section B, line 8, Column A)                       | 3             |                              |  |
| Enter gr   | eater of line 2 or line 3  | 4             |                              |  |
| Income     | ax imposed in prior year   | 5             |                              |  |
| Distribu   | table Amount. Subtract line 5 from line 4, unless subject to                           |               |                              |  |
| mergency t | emporary reduction (see instructions)  | 6             |                              |  |
| Chec       | k here if the current year is the organization's first as a non-functionally integrate | ed Type III s | supporting organization (see |  |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (se instructions)

Schedule A (Form 990 or 990-EZ) 2017

|          | - 11 D D T T T T T T T T T T T T T T T T                                     | 11.02/ 21.0  | <u> </u>   |  |
|----------|--|--|--|--|
| Par      | Type III Non-Functionally Integrated 509(a)(3) So                            | upporting Organizati   | ons (continued)  |  |
| Secti    | on D Distributions   |  |  | Current Year   |
| 1        | Amounts paid to supported organizations to accomplish exempt purposes        |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers exempt purposes of   |  |  |  |
|          | organizations, in excess of income from activity                             |  |  |  |
| 3        | Administrative expenses paid to accomplish exempt purposes of support        | ed organizations   |  |  |
| 4        | Amounts paid to acquire exempt-use assets                                    |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required)                    | <u> </u>   |  |  |
| 6        | Other distributions (describe in Part VI) See instructions                   |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6                            |  |  |  |
| 8        | Distributions to attentive supported organizations to which the organization | n is responsive  |  |  |
| 4        | (provide details in Part VI) See instructions                                |  |  |  |
| 9        | Distributable amount for 2017 from Section C, line 6                         |  |  |  |
| 10       | Line 8 amount divided by line 9 amount                                       | <del></del>  | <del></del>  |  |
|          |  | (ii)   | (iii)  |  |
|          | Section E - Distribution Allocations (see instructions)                      | Excess Distributions   | Underdistributions   | Distributable  |
|          |  |  | Pre-2017   | Amount for 2017  |
| 1        | Distributable amount for 2017 from Section C, line 6                         |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2017                          |  |  |  |
|          | (reasonable cause required-explain in Part VI) See                           |  |  |  |
|          | instructions   |  |  |  |
| 3        | Excess distributions carryover, if any, to 2017                              |  |  |  |
| а        |  |  |  |  |
| b        | From 2013  |  |  |  |
| С        | From 2014  |  |  |  |
| đ        | From 2015  |  |  |  |
| С        | From 2016  |  |  |  |
|          | Total of lines 3a through e  |  |  |  |
|          | Applied to underdistributions of prior years                                 |  |  |  |
|          | Applied to 2017 distributable amount   |  |  |  |
|          | Carryover from 2012 not applied (see instructions)                           |  |  |  |
| <u>_</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f                              |  |  |  |
| 4        | Distributions for 2017 from  |  |  | ambinachagaint inn allagair i beinde a airte in thairt ille i<br>mon malair int d'ir tarte in air lathair i bui, thur ille ille i<br>man airte i airte in airte in air lathair i bui, thur ille il   |
| 7        | Section D, line 7 \$   |  |  |  |
|          | · · · · · · · · · · · · · · · · · · ·  |  | ի թորցարկանին հեցուցի, ստըներից հանդերության պատարական աբանի   |  |
|          | Applied to underdistributions of prior years                                 |  |  | stitution of an interest and the second of the second  |
|          | Applied to 2017 distributable amount   | FSConstraintenantementalisation de la FSConstrainte DE LA FSCONSTR |  |  |
|          | Remainder Subtract lines 4a and 4b from 4                                    |  | Manual series in the series of |  |
| 5        | Remaining underdistributions for years prior to 2017, if                     |  |  |  |
|          | any Subtract lines 3g and 4a from line 2 For result                          |  |  |  |
|          | greater than zero, explain in Part VI See instructions                       |  |  | FATE AND COMPANY OF THE PROPERTY OF THE PARTY OF THE PART |
| 6        | Remaining underdistributions for 2017 Subtract lines 3h                      |  |  |  |
|          | and 4b from line 1 For result greater than zero, explain in                  |  |  |  |
|          | Part VI See instructions   |  |  |  |
| 7        | Excess distributions carryover to 2018. Add lines 3j                         |  |  |  |
|          | and 4c   |  |  |  |
| 8        | Breakdown of line 7  | Land de Sancera de la composition de l<br>La composition de la   | ######################################   | sakorninan vigishe us sebendar vidarancan berossa.<br>Antrogorinah vidarinan est etakulanin ini bakulasi.  |
|          | Excess from 2013   | իրերիր ներաների երկի հայարարին իր հերանի հայարարի հայարարի հայարարի հայարարի հայարարի հայարարի հայարարի հայարա<br>   | ARRICHAR III DAR ARRESTALLEN FAMILI UNTUN ELLE INCLUCIO<br>Burren matricular se communication municipali di distribu   | ARTER BERTARDE BERTAR |
|          | Excess from 2014   |  |  |  |
| С        | Excess from 2015   |  |  |  |
| ä        | Excess from 2016   |  |  |  |
| е        | Excess from 2017   |  |  |  |

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENT

\$ 148,053

OTHER INCOME

\$

605

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Openito Public Inspection

Employer Identification number Name of the organization 35-1710780 THE LITERACY ALLIANCE, INC Partil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of 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? 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? Partill Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 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, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No 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 Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Sche             | dule D (Form 990) 2017 THE LITE   | RACY ALLIAN               | CE, INC                   | 35-1                     | 710780               | Page <b>2</b>       |
|------------------|---|---------------------------|---------------------------|--------------------------|----------------------|---------------------|
| Pa               | irt[III] Organizations Maintainin   |                           |                           | asures, or Other         | Similar Assets       |                     |
| 3                | Using the organization's acquisition, accession collection items (check all that apply) | on, and other records, c  | check any of the follow   | ng that are a significar | it use of its        |                     |
| а                | Public exhibition   | d∏L                       | oan or exchange prog      | rams                     |                      |                     |
| ь                | Scholarly research  | _                         | Other                     |                          |                      |                     |
| С                | Preservation for future generations   |                           |                           |                          |                      |                     |
| 4                | Provide a description of the organization's co  | ellections and explain ho | ow they further the orga  | anization's exempt puri  | oose in Part         |                     |
|                  | XIII  | •                         | ,                         |                          |                      |                     |
| 5                | During the year, did the organization solicit o   | r receive donations of a  | rt, historical treasures, | or other similar         |                      |                     |
|                  | assets to be sold to raise funds rather than to   | be maintained as part     | of the organization's c   | ollection?               |                      | Yes No              |
| Pa               | irt[IV Escrow and Custodial Ar  |                           |                           |                          |                      |                     |
|                  | Complete if the organizatio   | n answered "Yes"          | on Form 990, Par          | t IV, line 9, or repo    | orted an amount o    | on Form             |
|                  | 990, Part X, line 21  |                           |                           |                          |                      |                     |
| 1a               | Is the organization an agent, trustee, custodi  | an or other intermediary  | y for contributions or ot | her assets not           |                      |                     |
|                  | included on Form 990, Part X?   |                           |                           |                          |                      |                     |
| b                | If "Yes," explain the arrangement in Part XIII  | and complete the follow   | ving table                |                          | r <del> 1</del>      |                     |
|                  |   |                           |                           |                          |                      | Amount              |
|                  | Beginning balance   |                           |                           |                          | 1c                   |                     |
|                  | Additions during the year   |                           |                           |                          | 1d                   | <del></del>         |
| е                | Distributions during the year   |                           |                           |                          | 1e                   |                     |
| , t              | Ending balance  |                           |                           |                          | 1f                   |                     |
|                  | Did the organization include an amount on Fo  |                           |                           |                          |                      | ∐ Yes ∏ No          |
|                  | If "Yes," explain the arrangement in Part XIII  | Check here if the expla   | anation has been provi    | ded on Part XIII         |                      |                     |
|                  | Endowment Funds.  Complete if the organization  | n answered "Ves"          | on Form 990 Par           | t IV line 10             |                      |                     |
|                  | Complete if the organization  | (a) Current year          | (b) Pnor year             | (c) Two years back       | (d) Three years back | (e) Four years back |
| 12               | Beginning of year balance   | 63,283                    | 58,461                    | 56,729                   |                      | <del></del>         |
| h                | Contributions   | 05,205                    | 30,401                    | 30,723                   | 01/31.               | 02/003              |
| c                | Net investment earnings, gains, and   |                           |                           |                          |                      | 1                   |
| ·                | losses  | 7,236                     | 5,140                     | 2,074                    | -4,26                | 8,926               |
| ď                | Grants or scholarships  | .,                        |                           |                          |                      |                     |
|                  | Other expenditures for facilities and   |                           |                           |                          |                      |                     |
|                  | programs  |                           |                           |                          |                      |                     |
| f                | Administrative expenses   | 319                       | 318                       | 342                      | 378                  | 3 157               |
| g                | End of year balance   | 70,200                    | 63,283                    | 58,461                   | 56,72                | 9 61,372            |
| 2                | Provide the estimated percentage of the curr  | ent year end balance (I   | ine 1g, column (a)) hel   | d as                     |                      |                     |
| а                | Board designated or quasi-endowment   | 100.00%                   |                           |                          |                      |                     |
| b                | Permanent endowment ► %   |                           |                           |                          |                      |                     |
| С                | Temporarily restricted endowment ▶  | %                         |                           |                          |                      |                     |
|                  | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%            |                           |                          |                      |                     |
| 3a               | Are there endowment funds not in the posse  | ssion of the organizatio  | n that are held and adr   | ministered for the       |                      | <u> </u>            |
|                  | organization by   |                           |                           |                          |                      | Yes No              |
|                  | (i) unrelated organizations   |                           |                           |                          |                      | 3a(i) X             |
|                  | (ii) related organizations  |                           | 0.1                       |                          |                      | 3a(ii) X            |
| , D              | If "Yes" on line 3a(ii), are the related organiza                                       | •                         |                           |                          |                      | 3b                  |
| 4<br><b>1</b> D5 | Describe in Part XIII the intended uses of the  |                           | nent tunas                |                          |                      |                     |
|                  | Land, Buildings, and Equation Complete if the organization                              |                           | on Form 990 Par           | t IV line 11a See        | Form 990 Part )      | ( line 10           |
|                  | Description of property   | (a) Cost or other ba      |                           |                          | Accumulated          | (d) Book value      |
|                  | Description of property   | (a) Cost of other ba      | (othe                     | ''                       | epreciation          | 10/ 000. 1000       |
| 12               | Land  | ,,                        |                           |                          |                      |                     |
|                  | Buildings   |                           | •                         |                          |                      |                     |
|                  | Leasehold improvements  |                           |                           |                          |                      |                     |
|                  | Equipment   |                           | 2'                        | 20,822                   | 130,365              | 90,457              |
|                  | Other   |                           |                           |                          |                      |                     |
|                  | I. Add lines 1a through 1e (Column (d) must e   | equal Form 990, Part X.   | column (B), line 10c)     | I,I,                     | <b>•</b>             | 90,457              |

| Part VIII Investments—Other Securities.  Complete if the organization answered "Yes" on     |  | 11b See Form 990 F  | Part X line 12  |
|---|--|---|---|
| (a) Description of security or category (including name of security)                        | (b) Book value                                   | (c) Method of Cost or end-of-ye                                     | of valuation  |
| (1) Financial derivatives   |  |   |   |
| (2) Closely-held equity interests   |  |   |   |
| (3) Other COMMUNITY FOUNDATION OF GREATE  | 70,200   | MARKET  |   |
| (A)   |  | <u>-</u>  |   |
| (B)   |  |   |   |
| (C)   |  |   |   |
| (D)   |  | <del></del>   |   |
| (E)   |  |   | · ·   |
| (F)   |  |   | ·   |
| (G)   |  | · · · · · · · · · · · · · · · · · · ·                               |   |
| (H)   |  |   |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶                        | 70,200   |   |   |
| Part VIII Investments—Program Related.  | , 0,200  | ենքեր հանդիրովիս Անություն ինքներոց հիվկանիրին վերև՝ Դոպքեր Մի հեմի | anandostested in prehitti Triettstreadsonieda.          |
| Complete if the organization answered "Yes" on  | Form 990 Part IV line                            | 11c See Form 990 P  | art X, line 13  |
| (a) Description of investment   | (b) Book value                                   | (c) Method o  |   |
| <b>V</b> ,  | (-,  | Cost or end-of-ye   |   |
| (1)   |  |   |   |
| (2)   |  |   |   |
| (3)   |  |   | ·   |
| (4)   |  |   |   |
| (5)   |  |   |   |
| (6)   |  |   |   |
| (7)   |  |   |   |
| (8)   |  |   |   |
| (9)   |  | իկակոր բայր արագարելը, գորքինարանին բաժագարություն են               | onevaisa analassa sekä kohuvu provinci sekätijais e kai |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶  Part IX  Other Assets. |  |   |   |
| Complete if the organization answered "Yes" on  | Form 990, Part IV, line                          | 11d See Form 990, P   | art X, line 15  |
| (a) Description   |  | <del> </del>  | (b) Book value  |
| (1)   |  |   |   |
| (2)   |  |   |   |
| (3)   |  | <del>-</del>  |   |
| (4)   |  |   |   |
| (5)   |  |   |   |
| (6)   |  |   |   |
| (7)   |  |   |   |
| (8)   |  |   |   |
| (9)   |  |   |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15)                            |  | <u> </u>  |   |
| Part X Other Liabilities.   |  |   |   |
| Complete if the organization answered "Yes" on line 25                                      | Form 990, Part IV, line                          | 11e or 11f See Form   | 990, Part X,  |
| 1. (a) Description of liability   | (b) Book value                                   |   |   |
| (1) Federal income taxes  |  |   |   |
| (2) LEASEHOLD OBLIGATION  | 43,801   |   |   |
| (3)   |  |   |   |
| (4)   |  |   |   |
| (5)   |  |   |   |
| (6)   |  |   |   |
|   | <del>                                     </del> |   |   |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

43,801

(8)

4b

4c

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENT EXISTS FOR THE PURPOSE OF ENRICHING AND PERPETUATING THE ORGANIZATION IN ITS ENDEAVORS BY PROVIDING A PERMANENT SOURCE OF REVENUE FOR THE ORGANIZATION.

#### PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED FASB ASC 740-10-25 AND DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF AUGUST 31, 2018. 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, 2018, THE ORGANIZATION HAD NO AMOUNTS

# Rant XIII Supplemental Information (continued)

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, 2015.

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

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Go to www irs gov/Form990 for the latest instructions

OMB No 1545-0047

2017

Employer Identification number Name of the organization 35-1710780 THE LITERACY ALLIANCE, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (i) Yes No 5 10

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Total** 

|                 | 9  | Other direct expenses  | ,       |                                  | 1,727                                 |  |              |             |                  |            |             |                                    | 1,727  |
|-----------------|--|--|---------|----------------------------------|---------------------------------------|--|--------------|-------------|------------------|------------|-------------|------------------------------------|--|
| P               | 11   | Direct expense summary  Net income summary Sub  Gaming. Comp  than \$15,000 comp | tract l | ine 10 from line<br>If the organ | e 3, column (d)<br>lization answ      |  | i "Yes" on F | Form 990, P | art I            | V, line 19 | , or report | ted more                           | 10,500<br>41,440   |
| Revenue         |  |  |         | (a) Bingo                        |                                       | (b) Pull tabs/instant<br>bingo/progressive bingo |              |             | (c) Other gaming |            | 1           | al gaming (add<br>through col (c)) |  |
| Direct Expenses | 2<br>3<br>4<br>5   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses          |         | Yes<br>No                        | %                                     |  | Yes          | %           |                  | Yes<br>No  | %           |                                    |  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  |  |         |                                  |                                       |  |              |             |                  |            |             |                                    | The second secon |
|                 | <ul> <li>Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain</li> </ul> |  |         |                                  |                                       |  |              |             | [                | Yes No     |             |                                    |  |
|                 | Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain  |  |         |                                  |                                       |  |              |             | [                | Yes No     |             |                                    |  |
| DAA             |  |  |         | <del>7 '</del>                   | · · · · · · · · · · · · · · · · · · · | · · · ·  |              |             |                  | So         | hedule G (  | Form 990 o                         | or 990-EZ) 2017  |

|              | ule G (Form 990 or 990-EZ) 2017 THE LITERACY ALLIANCE, INC 3  | 5-171078         | 0        | P          | age 3    |
|--------------|---|------------------|----------|------------|----------|
| 11 [         | Does the organization conduct gaming activities with nonmembers?  |                  |          | Yes        | No       |
| 12 !         | s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity   |                  |          | •          |          |
| f            | ormed to administer charitable gaming?  |                  |          | Yes [      | No       |
| <b>13</b> li | ndicate the percentage of gaming activity conducted in  |                  |          |            |          |
| a T          | The organization's facility   | 13a              |          |            | %_       |
| b A          | An outside facility   | 13b              | <u> </u> |            | <u>%</u> |
|              | Enter the name and address of the person who prepares the organization's gaming/special events books and ecords |                  |          |            |          |
| ١            | Name ▶  |                  |          |            |          |
| P            | Address ▶   |                  |          |            |          |
|              | Does the organization have a contract with a third party from whom the organization receives gaming             |                  | Ш        | <b>v</b> 1 |          |
|              | evenue? f "Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the                   |                  | Ш        | Yes [      | No       |
|              | ,   | i                |          |            |          |
|              | amount of gaming revenue retained by the third party ► \$ f "Yes," enter name and address of the third party    |                  |          |            |          |
| 1            | Name ▶  |                  |          |            |          |
| F            | Address ▶   |                  |          |            |          |
| 16           | Saming manager information  |                  |          |            |          |
| ١            | Name ▶  |                  |          |            |          |
| C            | Gaming manager compensation ▶ \$  |                  |          |            |          |
| כ            | Description of services provided ▶  |                  |          |            |          |
|              | Director/officer Employee Independent contractor  |                  |          |            |          |
| 17 N         | Mandatory distributions   |                  |          |            |          |
|              | s the organization required under state law to make charitable distributions from the gaming proceeds to        |                  |          |            |          |
|              | etain the state gaming license?   |                  |          | Yes        | No       |
| <b>b</b> E   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or   |                  | _        | _          |          |
| s            | pent in the organization's own exempt activities during the tax year ▶ \$                                       |                  |          |            |          |
| Part         | Supplemental Information. Provide the explanations required by Part I, line 2b, column                          | ıs (iıı) and (v) | and      | 1          |          |
|              | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional                   | al information   |          |            |          |
|              | See instructions  |                  |          |            |          |

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

# 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

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Go to www.irs.gov/Form990 for the latest information.

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 OUESTIONS. 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 2016 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 ONLY THE EXECUTIVE DIRECTOR IS PAID SALARY, NOT THE OFFICERS. SALARY INCREASES ARE INCLUDED IN ANNUAL BUDGET APPROVAL.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

Schedule O (Form 990 or 990-EZ) (2017)

Page 2
Employer identification number

Name of the organization
THE LITERACY ALLIANCE, INC

35-1710780

THE ORGANIZATION'S IRS FORM 990 FOR THE PAST THREE YEARS CAN BE FOUND AT WWW.GUIDESTAR.ORG.

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