efile	e GF	RAPHIC	C print - DO NOT PROCESS	As Filed Data -			DLI	I: 93	493134002271		
	00	20	Return of O	rganization Exemp	t Fron	n Incom	e Tax	0	OMB No. 1545-0047		
Form	コこ	7 U		r 4947(a)(1) of the Internal Re					2019		
<u>م</u>				ocial security numbers on this fo				is)	2019		
Departi		of the		gov/Form990 for instructions		· ·			Open to Public		
Treasu Interna	-	enue Servi		gov/ronnsso	s and the	latest mon			Inspection		
			calendar year, or tax year beg	jinning 07-01-2019 , and end	ding 06-3	0-2020					
		applicable	C Name of organization The Literacy Center Inc				D Employer i	dentif	ication number		
Ad Ad Na		change					22-318055	5			
		-	Doing business as				-				
		rn/terminate					E Telephone n	umber			
		d return ion pendir	20 NODTH MAIN STREET	mail is not delivered to street addres	s) Room/si	lite	(508) 226-				
	Sheat	ion pendi	-	ountry, and ZIP or foreign postal code			- (300) 220-	5005			
			ATTLEBORO, MA 02703				G Gross receip	ts \$ 9	17,694		
			F Name and address of princi	ipal officer:		H(a) Is the	nis a group retur	ו for			
			80 NORTH MAIN STREET			subo	ordinates?		🗌 Yes 🗹 No		
			ATTLEBORO, MA 02703				all subordinates Jded?		Yes No		
I Tax	<-exe	mpt statu	s: 🗹 501(c)(3) 🗌 501(c)()	◀ (insert no.)	527		lo," attach a list.	(see	instructions)		
J W	ebsi	te: 🕨 N,	/A			H(c) Grou	up exemption nu	mber	►		
						Veer of f	nation:	C+-+	of logal dami-il-		
K Forn	n of o	organizatio	on: Corporation Trust As	ssociation 📙 Other 🕨		L Year of form	nation: M	State	of legal domicile:		
Pa	ırt I	Sur	nmary								
	1	Briefly d	escribe the organization's mission								
a			sion of The Literacy Center is to p eded to attain personal and emplo		ational su	oport to indiv	iduals and famili	es see	sking to acquire the		
n. N.				Symene goaler							
Ĩ											
Governance	2	Check t	this box \blacktriangleright \Box if the organization (discontinued its operations or dis	sposed of r	nore than 25	% of its net asse	ts.			
			Number of voting members of the governing body (Part VI, line 1a)								
es	4	Numbe	r of independent voting members	of the governing body (Part VI, I	ine 1b) 🛛 .		•	4	12		
Activities &			umber of individuals employed in	, , ,	,		•	5	22		
Act			umber of volunteers (estimate if r		6	140					
•			nrelated business revenue from P				•	7a	0		
	D	Net unr	related business taxable income fr	om Form 990-1, line 39			· rior Year	7b	Current Year		
	8	Contrib	utions and grants (Part VIII, line 1	h)			405,043		604,791		
ên nê vệ			n service revenue (Part VIII, line 2	•			2,104		3,952		
ēĀč			nent income (Part VIII, column (A)				40,053		28,913		
æ	11	Other r	evenue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			10,107		7,012		
	12	Total re	evenue—add lines 8 through 11 (r	nust equal Part VIII, column (A),	line 12)		457,307		644,668		
	13	Grants	and similar amounts paid (Part IX	, column (A), lines 1–3)	•				38,900		
	14	Benefits	s paid to or for members (Part IX,	column (A), line 4)					0		
3	15	Salaries	s, other compensation, employee	benefits (Part IX, column (A), lin	es 5-10)		313,318		345,296		
ens			sional fundraising fees (Part IX, co		• •				0		
Expenses			ndraising expenses (Part IX, column (D								
			expenses (Part IX, column (A), line	· ·			73,132		89,876		
			xpenses. Add lines 13–17 (must e le less expenses. Subtract line 18				386,450		474,072 170,596		
× °	19	Kevenu	e iess expenses, subtract line to		• •	Beainnin	70,857 g of Current Year	-	End of Year		
3006											
Net Assets or Fund Balances			ssets (Part X, line 16)				932,051		1,174,795		
and a			abilities (Part X, line 26)		• •		20,341		86,589		
				ts or fund balances. Subtract line 21 from line 20							
Pa Under			nature Block perjury, I declare that I have exa	amined this return including acco	ompanying	uschedules ei	nd statements	nd to	the best of my		
knowl	edge	e and bel	lief, it is true, correct, and comple								
any k	nowl	edge.									
		****	<**				021-05-14				
Sign		Signa	ature of officer			D	ate				
Here	:		cy Lee Munroe Treasurer								
		V Type	or print name and title			<u></u>					
n - '			Print/Type preparer's name	Preparer's signature	[002519	Э		
Paic		.	Firm's name 🕨 Castro Thresher & O	l Diveira PC			elf-employed rm's EIN 🕨 04-313	8148			
Pre Use											
036	J	עיי	Firm's address Þ 1382 County St			P	hone no. (508) 222	-3005			
			Attleboro, MA 0270	3							

May the IRS discuss this return with the preparer shown above? (see instructions)						•					Yes 🗆 No
For Paperwork R	eduction Act Notice, see the separate instructions.	Cat. No. 11282Y				Form 990 (2019)					

Form	990 (2019)				Page 2
Pa	nt III Statement	of Program Service	e Accomplishments		
	Check if Sche	dule O contains a respor	nse or note to any line in this F	Part III	🗆
1		organization's mission:			
The inced	mission of The Literacy ed to attain personal a	v Center is to provide lite and employment goals.	racy services and educational	support to individuals and families seekir	ng to acquire the skills
2	Did the organization	undertake any significar	t program services during the	year which were not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	edule O.		
3	Did the organization	cease conducting, or ma	ke significant changes in how	it conducts, any program	
		ese changes on Schedule			🗌 Yes 🗹 No
4	Describe the organiz Section 501(c)(3) an	ation's program service	accomplishments for each of it is are required to report the ar	is three largest program services, as mea mount of grants and allocations to others	
4a	(Code:) (Expenses \$	391,915 including grants	of \$ 38,900) (Revenue \$)
τu	See Additional Data) (Expenses ¢			,
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4d		ces (Describe in Schedul	,		`
	(Expenses \$		ding grants of \$) (Revenue \$)
4e	Total program serv	vice expenses P	391,915		Form 990 (2019)

Form	990 (2019)			Page 3
Pa	Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	9		No
10	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	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		No
19	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form 990 (2019)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \ldots .	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? \ldots .	24d		
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		No
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? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13		. 03	
	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		\ <i>.</i>	
	(gambling) winnings to prize winners?	1c	Yes orm 99	0 (2019)

Page **4**

Form 990 (2019)

Part V

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No					
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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	70 7f		No					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as								
Ŀ	required?								
п	1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organization have excess business notings at any time during the years								
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	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:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
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							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$.	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No					
			orm 99	0 (2019)					

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2	.019)
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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	·	onse to l	lines 🔽						
Se	ction 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 12									
	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	b Enter the number of voting members included in line 1a, above, who are independent 12									
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		No						
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		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No						
6	Did the organization have members or stockholders?	6		No						
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		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
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		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to									
	conflicts?	12b	Yes							
	Schedule O how this was done	12c		No						
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	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?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MA									
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
19	□ Own website □ Another's website ☑ Upon request □ 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: ►Amanda Blount 80 NORTH MAIN STREET ATTLEBORO, MA 02703 (508) 226-3603

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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, or 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle ficei	ss per r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Amanda Blount Executive Direc	40.00 00			x				68,688	0	0
(2) Ana Brenescoto Director	0.00 0.00	х						0	0	0
(3) Zayra Juarez Director	0.00	х						0	0	0
(4) Maureen Lee Director	0.00	х						0	0	0
(5) Christine LaChance Director	0.00	х						0	0	0
(6) Laurie Regan Director	0.00	х						0	0	0
(7) Auston Ricketts Director	0.00	х						0	0	0
(8) Terese Reynolds Vice President	0.00	х		x				0	0	0
(9) Mark Williamson Director	0.00	х						0	0	0
(10) Frank Cook President	0.00	х		x				0	0	0
(11) Nancy Lee Munroe Treasurer	0.00	х		x				0	0	0
(12) Irene Pelley Secretary	0.00	x		x				0	0	0
(13) Robert Nerz Director	0.00	х						0	0	0
										Form 990 (2019)

Form	990 (2019)													Page 8
Pa	rt VII Section A. Officers, Direc	tors, Trustees	s, Key l	Emp	loye	ees,	and I	High	nest Co	npensate	ed Employees	(conti	nued)	
	(A) Name and title	(B)(C)(D)(E)Average hours per week (list any hoursPosition (do not check more 					5	(F) Estima amount o compens from f organizati	ited f other sation the					
		organizations below dotted line)	pelow dotted 물론, 왘 핥 \$ \$ \$ 5 5 5							relati	ed			
c	Sub-Total		 A.	· ·			▶ _ ▶ _			68,688				
2	Total number of individuals (including of reportable compensation from the	, but not limited	to thos	e list	ed a	bove	e) who	rece	eived mo		00,000			
			-										Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k •	ey e	mplo •	oyee, d	or hig	ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the			
5	Did any person listed on line 1a recei services rendered to the organization									• • tion or indi	vidual for	4		No
	ection B. Independent Contract	, ,		cuure		, Ju	ien pei	3011			•••	5		No
1	Complete this table for your five high from the organization. Report compe	est compensate										mpens	ation	
		(A) and business addre		, 241	21.0					-	(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

orm	990	(2019)	
		()	

Part	VIII									
		Check if Schec	dule	O contains a	respo	nse or note to any	r line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	aigns	s	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s.	· [1b					
Gra		c Fundraising even	its .	Ē	1c					
ifts, ar A		d Related organiza	tions	s L	1d					
, Gi mila		e Government grants	(con	tributions)	1e	299,093				
ions r Sil		 f All other contributio and similar amounts 	ons, g s not	jifts, grants, included	1f	305,698				
ributions, Gift Other Similar		above g Noncash contributio	ons in	Icluded in						
intri d O		lines 1a - 1f:\$		L	1g					
Cont		h Total. Add lines	1a-1	f	• •	• • •	604,791			
						Business Code				
e	2a	BOOK SALES								
venu	b	MISCELLANEOUS INC	COME				3,812	3,812		
Be	с	TUITION REVENUE					140	140		
rvicé										
Program Service Revenue	d	1								
gran	e									
Å		-								
		All other program								
		Total. Add lines 2 Investment income				3,952				
	5	similar amounts).	•		•	•	20,420			
		Income from invest Royalties			npt bo	ond proceeds		-		
	5	Royanies	•	(i) Real	•	(ii) Personal				
	62	a Gross rents	6a							
		Less: rental					-			
	_	expenses Rental income	6b				_			
	C	or (loss)	6c							
	C	d Net rental income	e or i			F	(
	7a	7a Gross amount		(i) Securit	les	(ii) Other	-			
		from sales of assets other	7a	21	31,519					
	h	than inventory Less: cost or	<u> </u>				-			
		other basis and sales expenses	7b	2	73,026					
		Gain or (loss)	7c		8,493					
		d Net gain or (loss)					8,493	8,493		
e	8a	a Gross income from fu (not including \$	undra	ising events of						
Other Revenue		contributions reported See Part IV, line 18	d on	line 1c).						
Rev	L	b Less: direct expen			8a 8b	7,012	2			
ler		c Net income or (los				ents 🕨	7,012	2		3,310
	0 -	Gross income from	~ ~ ~~	ing activities						
	94	See Part IV, line 19			9a					
		b Less: direct expen			9b					
	C	c Net income or (los	ss) fr	rom gaming a	ctiviti	es 🕨		0		
	10	a Gross sales of inve								
	ŀ	returns and allowa			10a 10b		_			
		b Less: cost of good © Net income or (los				orv 🕨		5		
		Miscellaneo			invenie.	Business Code				
	11	La								
	Ľ	D								
		c								
	c	d All other revenue	•							+
	e	e Total. Add lines 1	1a-:	11d	• •	· · ►	(
	12	2 Total revenue. S	ee ir	nstructions .		🕨	644,668			3,310
									•	Form 990 (2019)

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Forr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses		A11 .1		(
	Section 501(c)(3) and 501(c)(4) organizations must co		-		
	Check if Schedule O contains a response or note to any	y line in this Part IX			
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	38,900	38,900		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	68,688	24,041	34,344	10,303
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	236,949	231,992	4,957	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,671	5,588	858	225
9	Other employee benefits	5,265	4,411	677	177
	Payroll taxes	27,723	23,224	3,564	935
	Fees for services (non-employees):				
	Management	0			
		0			
	Accounting	6,831		6,831	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	4,394		4,394	
	Other (If line 11g amount exceeds 10% of line 25, column	2,202	1,845	283	74
	(A) amount, list line 11g expenses on Schedule O)		1,043	205	/-
12	Advertising and promotion	0			
13	Office expenses	7,672	5,814	1,554	304
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,019	6,668	351	
17	Travel	549	549		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,654	4,523	905	226
23	Insurance	6,508	3,254	3,254	
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.)				
	BOOKS & EDUCATIONAL MATERIALS	23,194	23,194		
	b EQUIPMENT RENTAL	5,999	4,619	960	420
	c Contract Services	4,790	3,593	1,197	
	d Dues & Subs	4,124	4,124		
	e All other expenses	10,940	5,576	3,035	2,329
	Total functional expenses. Add lines 1 through 24e	474,072	391,915	67,164	14,993
	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 Grif following SOP 98-2 (ASC 958-720).				
					Form 000 (2010)

Form 990 (2019)

Part X Balance Sheet

Image: Section 1 Base of the section of			Check if Schedule O contains a response or not	e to ar	y line in this Part IX .			🗆
2 Savings and temporary tash investments 2 0 2 Savings and temporary tash investments 7								
3 Pledges and grants receivable, net 78.668 3 110.000 4 Accounts receivable, net 43.014 4 68.056 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 0 6 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 0 7 Notes and bars receivable, net 7 0 8 memorizations for sale or use 7 0 9 Prepaid expenses and deferred charges 120 9 1206 10 122.893 0.06 30.013 1 16.564/141 11 Investmentspublicly traded securities 66.100 30.013 15 20.011 14 Intangible assets. Add lines 1 through 15 (must equal line 34) 92.0561 16.174.765 13 Investmentspublicly traded securities 14 12 0.013 15 Cother assets. Add lines 1		1	Cash-non-interest-bearing	• •		151,555	1	309,927
4 Accounts receivable, net 4 69,596 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator of founder; substantial contributor, or 35% controlled 5 0 6 Loans and other payables to any current of former officer, director, trustee, key employee, creator of subder; substantial contributor, or 35% controlled 5 0 7 Notes and loans receivable, net . 7 0 7 Notes and loans receivable, net . 7 0 9 Prepaid expenses and deferred charges . 120 9 1200 10a 124.833 . 0 0 0 0 0.013 0 0.013 0 0.013 0 0.013 0 0.013 0 0.013 0 0.013 0 0.013 0 0 0.013 0 0.013 0 0.013 0 0 0.013 0 0.013 0 0.013 0 0.013 0 0 0.013 0 0 0.013 0 0		2	Savings and temporary cash investments .		[2	0
S Loss and other payables to any current or former officer, director, trustee, entity or family member of any of these persons. (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). S 0 9 Prepaid expenses and other receivable, net . .<		3	Pledges and grants receivable, net		. [76,666	3	110,000
key employee, creator or founder, substantial contributor, or 35% controlled 5 0 entity or family members of any of these persons. 6 0 7 Notes and loans receivable, net 7 0 9 Prepaid expenses and defreed dranges 7 0 9 Prepaid expenses and defreed dranges 7 0 9 Prepaid expenses and defreed dranges 100 124,893 10 124,893 0 0 11 Investments—other socities 62,040 11 641,411 11 Investments—other socities 62,040 11 641,411 11 Investments—other socities 62,040 11 641,411 12 Investments—other socities 62,040 11 641,411 13 Investments—other socities 62,040 11 641,411 14 00 12 0 12 0 15 Other socities and other payable and accrued expenses 13 15 2 16 Total assets. Add lines 1 through 15 (mute equal line 34) 20 20 20 20		4	Accounts receivable, net	•	[43,014	4	69,506
section 4958(f)(1), and persons described in section 4958(c)(3)(8). 6 0 7 Notes and loars receivable, net. 7 0 8 Investments of sale or use. 7 0 9 Prepaid expenses and deferred charges 1.206 9 1.206 9 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 124,893 56,667 10c 30,013 11 Investments—other securities. See Part IV, line 11 13 0 14 0 13 Investments—other securities. See Part IV, line 11 13 0 15 2 14 Intrangible assets		5	key employee, creator or founder, substantial c	ontribu	tor, or 35% controlled		5	0
S Inventories for sale or use 8 0 9 Prepaid expenses and deferred charges 1,206 9 1,206		6					6	0
Ioa Land, buildings, and equipment: cost or other b. Less: accumulated depreciation Ioa 124.893 ib Less: accumulated depreciation Iob 94.880 35.667 Ioc 30.013 ii Investments-publicly traded securities . 623.940 I1 6654.141 ii Investments-other securities. See Part IV, line 11 12 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Other assets. See Part IV, line 11 13 0 iii Other assets dlines 1 through 15 (must equal line 34) 932.051 16 1.174.795 iii Grants payable and accrued expenses 910 9 10 13 iiii Deferred revenue 910 19 10 12 10 iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	s	7	Notes and loans receivable, net		[7	0
Ioa Land, buildings, and equipment: cost or other b. Less: accumulated depreciation Ioa 124.893 ib Less: accumulated depreciation Iob 94.880 35.667 Ioc 30.013 ii Investments-publicly traded securities . 623.940 I1 6654.141 ii Investments-other securities. See Part IV, line 11 12 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Other assets. See Part IV, line 11 13 0 iii Other assets dlines 1 through 15 (must equal line 34) 932.051 16 1.174.795 iii Grants payable and accrued expenses 910 9 10 13 iiii Deferred revenue 910 19 10 12 10 iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	et	8	Inventories for sale or use		[8	0
Ioa Land, buildings, and equipment: cost or other b. Less: accumulated depreciation Ioa 124.893 ib Less: accumulated depreciation Iob 94.880 35.667 Ioc 30.013 ii Investments-publicly traded securities . 623.940 I1 6654.141 ii Investments-other securities. See Part IV, line 11 12 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Investments-other securities. See Part IV, line 11 13 0 iii Other assets. See Part IV, line 11 13 0 iii Other assets dlines 1 through 15 (must equal line 34) 932.051 16 1.174.795 iii Grants payable and accrued expenses 910 9 10 13 iiii Deferred revenue 910 19 10 12 10 iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	A SS	9	Prepaid expenses and deferred charges		T	1,206	9	1,206
11 Investmentspublicly traded securities . 623.940 11 664,141 12 Investmentsprogram-related. See Parl IV, line 11	~	10a						
12 Investments—other securities. See Part IV, line 11		b	Less: accumulated depreciation	10b	94,880	35,667	10c	30,013
13 Investments_program-related. See Part IV, line 11		11	Investments—publicly traded securities .			623,940	11	654,141
14 Intangible assets		12	Investments-other securities. See Part IV, line	[12	0	
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line	. [13	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets	[14	0	
17 Accounts payable and accrued expenses 19.431 17 22.777 18 Grants payable 19 19 19 19 Deferred revenue 910 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 63.812 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). 25 20.341 26 86.589 0rganizations that follow FASB ASC 958, check here ► ☑ and complete lines 27, 28, 32, and 33. 270.270 27 344.995 28 Net assets with donor restrictions		15	Other assets. See Part IV, line 11		[3	15	2
18 Grants payable 18 19 Deferred revenue 18 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 20.341 26 86,589 Organizations that follow FASB ASC 958, check here ▶ 21 27 Net assets with donor restrictions 270,270 28 Net assets with donor restrictions 270,270 29 Capital stock or trust principal, or current funds 29 29 Capital stock or trust principal, or current funds 30 30 Retained earnings, endowment, accumulated income, or other funds 31 318 Total liabilities an		16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	932,051	16	1,174,795
19 Deferred revenue 910 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on linued on lines 17 - 24). Complete Part X of Schedule D 20 26 Total liabilities. Add lines 17 through 25 20.341 26 86.589 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. 270.270 27 344.995 28 Net assets with donor restrictions 20 29 29 29 Capital stock or trust principal, or current funds 20 20 30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 Total net assets or fund balances 932,061 33 1,174.795		17	Accounts payable and accrued expenses	•		19,431	17	22,777
20 Tax-exempt bond liabilities 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and nots payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 20 26 Total liabilities. Add lines 17 through 25 20.341 26 86,589 27 Net assets without donor restrictions 270,270 27 344,995 28 Net assets with donor restrictions 20.30 26 743,211 0rganizations that follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 29 29 30 Paid-in or capital surplus, or land, building or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total liabilitites and net assets/fund bal		18	Grants payable		18			
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 21 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 20.341 26 86,589 26 Total liabilities. Add lines 17 through 25 20.341 26 86,589 27 Net assets without donor restrictions 270.270 27 344,995 28 Net assets with donor restrictions 270.270 27 344,995 29 Capital stock or trust principal, or current funds 29 29 29 Paid-in or capital surplus, or land, building or equipment fund 30 31 30 Paid-in or capital surplus, or land, building or equipment fund 93.2,051 33 1,174,795		19	Deferred revenue	The second se	910	19		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 23 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on cluded on lines 17 - 24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 20.341 26 86.589 27 Net assets without donor restrictions 270.270 27 344.995 28 Net assets with donor restrictions 270.270 27 344.995 28 Net assets with donor restrictions 27 344.995 29 Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total liabilities and net assets/fund balances 932.051 33 1,174.795		20	Tax-exempt bond liabilities				20	
23 Secured moregages and notes payable to unrelated third parties	s	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
23 Secured moregages and notes payable to unrelated third parties	abilitie	22	employee, creator or founder, substantial contri	butor,	or 35% controlled entity		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 20,341 26 86,589 27 Net assets without donor restrictions		23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
26 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 20,341 26 86,589 26 Total liabilities. Add lines 17 through 25 . 20,341 26 86,589 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 270,270 27 344,995 28 Net assets with donor restrictions . . . 641,440 28 743,211 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 29 Capital stock or trust principal, or current funds . . 29 30 Paid-in or capital surplus, or land, building or equipment fund . . 30 31 Retained earnings, endowment, accumulated income, or other funds 31 . 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances		24	Unsecured notes and loans payable to unrelated	l third	parties		24	63,812
Source Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. 270,270 27 344,995 28 Net assets without donor restrictions		25	and other liabilities not included on lines 17 - 24		to related third parties,		25	
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances911,7103233Total liabilities and net assets/fund balances932,05133		26	Total liabilities. Add lines 17 through 25 .		Γ	20,341	26	86,589
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances911,7103233Total liabilities and net assets/fund balances932,05133	nces		complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances911,7103233Total liabilities and net assets/fund balances932,05133	ala	27	Net assets without donor restrictions	•	<u> </u>		27	
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances911,7103233Total liabilities and net assets/fund balances932,05133	1 B	28	Net assets with donor restrictions	• •	[641,440	28	743,211
30Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances911,7103233Total liabilities and net assets/fund balances932,05133			complete lines 29 through 33.		sheck here ► 🔲 and			
					· · · · [
	set				L. L.			
	As			come,	or other funds			
	et			• •				
	Z	33	Total liabilities and net assets/fund balances .	•		932,051	33	1,174,795 Form 990 (2019)

Form 990 (20	19)
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Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1			644,668
2	Total expenses (must equal Part IX, column (A), line 25)	2			474,008
		2			,
3	Revenue less expenses. Subtract line 2 from line 1	3 4			170,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	-			911,710
5	Net unrealized gains (losses) on investments	5			5,901
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			-1
_	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,088,206
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	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		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	Зb		

Form **990** (2019)

Additional Data

 Software ID:
 19009920

 Software Version:
 2019∨5.0

 EIN:
 22-3180555

 Name:
 The Literacy Center Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

To provide adult basic education services to 500 students per year through classes (22) or trained volunteer tutors (over 100) to individuals who either lack basic literacy, numeracy, or computer skills, need to earn a high school equivalency, or need to learn English. Students work to earn citizenship or to qualify for entrance into college or training programs.

SC (For	090EZ)		Con	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization of trust. 90-EZ.	Ort r a section	ONDER 15 DUDIE
Intern	al Reven	f the Treasury nue Service		Go to <u>www.irs</u>	s.gov/Form990 for in	nstructions and	the latest info		Open to Public Inspection
		he organiza Center Inc	tion					Employer identific	ation number
Pa	rt I	Reason	for Public (Charity Stat	us (All organization	s must comple	te this part.) S	22-3180555 See instructions.	
The c	organiz				e it is: (For lines 1 thro				
1		A church, c	onvention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperati	ve hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government o	r governmental unit de	scribed in section	on 170(b)(1)(#	(v).	
7	\checkmark	section 17	'0(b)(1)(A)	(vi). (Complete			-	init or from the gener	al public described in
8		A communi	ty trust descr	ibed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) See instructions. Enter				ege or university or a
10		from activit investment	ies related to income and	its exempt fur unrelated busir	: (1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organize	ed and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	n(s) the powe		rated, supervised, or c appoint or elect a majo •				
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
С					supporting organizatio ions). You must com				ated with, its
d		Type III n functionally	on-function integrated.	ally integrate	ed. A supporting organion generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	
е					ved a written determir integrated supporting		RS that it is a Ty	уре I, Туре II, Туре II	I functionally
f	Enter	-		organizations		-		<u> </u>	
g					upported organization(r '			
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	 (v) Amount of monetary support (see instructions) 	(vi) Amount of other support (see instructions)	
						Yes	No		
Tete	1								
Tota			tion Act Not		nstructions for	Cat No 1128		Schedule A (Form 9	0.000 57) 2010

Г -----

P	art III Support Schedule for (
	(Complete only if you ch						nder Part III.
	If the organization failed Section A. Public Support	to quality under	the tests listed	below, please c	omplete Part III)	
	Calendar year						
	(or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")	337,968	375,422	346,260	429,649	611,803	2,101,102
2	Tax revenues levied for the						
-	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to	31,500	31,500	31,500	31,500	31,500	157,500
	the organization without charge	51,500	51,500	51,500	51,500	51,500	137,300
4	Total. Add lines 1 through 3	369,468	406,922	377,760	461,149	643,303	2,258,602
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						308,499
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from						1,950,103
	line 4.						1,950,105
	Section B. Total Support	<u> </u>					
	Calendar year (or fiscal year beginning in) Þ	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	369,468	406,922	377,760	461,149	643,303	2,258,602
8	Gross income from interest,				,		<u> </u>
-	dividends, payments received on	8,343	10,058	11,249	15,833	20,420	65,903
	securities loans, rents, royalties and	0,545	10,050	11,249	15,055	20,420	05,505
_	income from similar sources.						
9	Net income from unrelated business activities, whether or not the						0
	business is regularly carried on.						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	563					563
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						2,325,068
12	10 Gross receipts from related activities, o	L (see instruction	 ac			12	
13	First five years. If the Form 990 is fo	-			-		nization,
	check this box and stop here			<u></u>			
	ection C. Computation of Public						
	Public support percentage for 2019 (lir					14	83.870 %
	Public support percentage for 2018 Sc					15	82.060 %
16 a	33 1/3% support test—2019. If the	organization did n	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization quali						. 🕨 🗹
b	33 1/3% support test—2018. If th	e organization did ı	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	this
	box and stop here. The organization	qualifies as a publ	icly supported org	anization			. 🕨 🗌
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization	n meets the "facts-	and-circumstance	s" test, check this	box and stop her	r e. Explain	
	in Part VI how the organization meets	the "facts-and-circ	umstances" test. 1	The organization q	ualifies as a public	ly supported	_
	organization						ÞЦ
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organiz Explain in Part VI how the organizatio						
				-			
	supported organization	n did not chool -			h chock this have		🟲 🗀
18	_						
	instructions				<u></u>	A (Form 990 or	
					Schedule	e a (Form 990 or	990-EZ) 2019

 Part III
 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.)

Se	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	organization's tax-exempt purpose Gross receipts from activities that are						
5	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						
h	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. Add lines 7a and 7b..						
8	Public support. (Subtract line 7c						
Ŭ	from line 6.)						
Se	ection B. Total Support						•
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ►	(a) 2015	(B) 2010	(0) 2017	(0) 2010	(0) 2015	
9	Amounts from line 6.						_
L0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
с	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						► 🗆
Se	ction C. Computation of Public						
15	Public support percentage for 2019 (lir	e 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2018 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20:		<u> </u>	line 13, column (f))	17	
18	Investment income percentage from 2	018 Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the						ine 17 is not
	more than 33 1/3%, check this box and						
	33 1/3% support tests—2018. If the						
5	not more than 33 1/3%, check this box	-					
20		-	-				_
	Fireate roundation. If the organization	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
1	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.			
	describe the designation. If historic and continuing relationship, explain.	1		
2	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).			
-		2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
Ŀ.	Did the eventiation confirms that each comparison to a configuration configuration $EO(-)(4)$ (E) or (C) and estimated	3a		
D	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.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	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.			
	checked 12a of 12b in Part 1, answer (b) and (c) below.	4a		
b	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.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
Ū	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.	4c		
5a	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).	5a		
b	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?	5b		
с		5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>			
-		6		
7	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).			
8	Did the eventiation makes loss to a discussified neuron (as defined in particul 4050) not described in line 72 If "Vec "	7		
0	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).	8		
9a	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 .			
	·	9a		
b	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.	9b		
с	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.	-		
		9c		
10a	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 line 10b below.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>
U	the organization had excess business holdings. In the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

			No
	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	maintaineu a ciose and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- L Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Yes

1

2

No

No

Yes

Yes

2a

2b

3a

Зb

No

Schedule A (Form 990 or 990-EZ) 2019

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-ir instructions)	ntegrate	ed Type III supporting or	rganization (see

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (continued	l)
Section D - Distributions		-	Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers e excess of income from activity	organizations, in		
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI). See instructio	ns		
7 Total annual distributions. Add lines 1 through 6.			
 8 Distributions to attentive supported organizations to wh details in Part VI). See instructions 	ich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015. . <th< td=""><td></td><td></td><td></td></th<>			
d From 2017.			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 22-3180555

Name: The Literacy Center Inc

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VISupplemental 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).

Facts And Circumstances Test

		rint - DO NOT PROCESS As Fil	ed Data -			DL		1545 0047
	HEDULE D m 990)	Supplemen			. 1545-0047			
Depa	rtment of the Treasury nal Revenue Service	Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c ► Attach to Form	990.	on.	2019 Open to Public Inspection		
Na	me of the organ	ization			Em	ployer ide	entification	
The	e Literacy Center Inc				22-3	3180555		
Pa		zations Maintaining Donor Advi						
	Comple	te if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·		1	(1) = 1		
1	Total number at	end of year	(a) Dond	or advised funds		(b) Fund	s and other a	ccounts
1 2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	Did the organiza	ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are		Yes 🗌 No
6	Did the organiza charitable purpo	ation inform all grantees, donors, and do	onor advisors in wr or donor advisor,	iting that grant funds can or for any other purpose	n be us		missible	Yes 🗆 No
Ра		vation Easements. te if the organization answered "Ye	s" on Form 990.	Part IV, line 7.			<u>_</u>	
1		onservation easements held by the organ						
	Preservatio	on of land for public use (e.g., recreation	n or education)	Preservation of a	n histor	rically impo	ortant land a	rea
	Protection	of natural habitat		Preservation of a	certifie	d historic	structure	
		on of open space						
2	Complete lines 2	2a through 2d if the organization held a e last day of the tax year.	qualified conservat	tion contribution in the fo	orm of a		tion t the End of	the Veer
а		conservation easements			2a	пеіа а		the tear
b		stricted by conservation easements			2b			
c	-	ervation easements on a certified histori			2c			
d	Number of conse	ervation easements included in (c) acqu n the National Register			2d			
3	Number of cons tax year Þ	ervation easements modified, transferre	d, released, exting	uished, or terminated by	y the or	ganization	during the	
4	Number of state	es where property subject to conservation	on easement is loca	ted Þ				
5	Does the organi	zation have a written policy regarding the conservation easements it holds	ne periodic monitor	ing, inspection, handling	of viol	— ations,	🗌 Yes	
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of v	iolations, and enforcing	conserv	ation ease		
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violation	ons, and enforcing conse	ervation	easement	s during the	year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			170(h)(4)(B)(i)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the r's accounting for conservation easemen	footnote to the on				and	
Pa		zations Maintaining Collections te if the organization answered "Ye			her Si	milar As	sets.	
1a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	6 (ASC 958), not t public exhibition, e	o report in its revenue s education, or research in	further			orks of
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub nts relating to these items:						
1	(i) Revenue includ	led on Form 990, Part VIII, line 1				▶ \$		
		in Form 990, Part X						
2	If the organizati	ion received or held works of art, histori hts required to be reported under SFAS	cal treasures, or ot	her similar assets for fin				
а	Revenue include	ed on Form 990, Part VIII, line 1				-		
b		in Form 990, Part X						

Sche	dule D (Form 990) 2019						Page 2
Par	t III Organizations Maintaining Co	llections of Art,	Historica	l Treas	ures, o	r Other Similar Ass	sets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records	s, check an	y of the f	ollowing t	hat are a significant us	se of its collection
а	Public exhibition		d	🗌 Loa	n or exch	ange programs	
b	Scholarly research		e	🗌 Oth	er		
С	Preservation for future generations						
4	Provide a description of the organization's co Part XIII.	ollections and explain	how they	further th	ne organiz	zation's exempt purpos	e in
5	During the year, did the organization solicit assets to be sold to raise funds rather than t						🗌 Yes 🗌 No
Par	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		orm 990, F	Part IV,	line 9, o	r reported an amour	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing ta	ble:		An	nount
с	Beginning balance		-			1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990. Part X. line	e 21. for es	crow or c	ustodial a	account liability?	Yes No
	If "Yes," explain the arrangement in Part XII					,	_
	rt V Endowment Funds.				ii protiae		
	Complete if the organization ans	wered "Yes" on Fo	orm 990, F	Part IV,	line 10.		
		(a) Current year	(b) Prio	r year	(c) Two y	rears back (d) Three year	rs back (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities and programs .						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a)) held a	s:	
а	Board designated or quasi-endowment ►						
b	Permanent endowment 🕨						
с	Temporarily restricted endowment \blacktriangleright						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse organization by:	ession of the organiza	ation that a	re held a	nd admin	istered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations				• •		3a(ii)
	If "Yes" on 3a(ii), are the related organization				• •		3b
4	Describe in Part XIII the intended uses of th	-	owment fur	ias.			
Par	rt VI Land, Buildings, and Equipme Complete if the organization ans		rm 990 I	Part IV	line 11a	See Form 990 Par	t X line 10
	Description of property (a) Cost or o (investr	ther basis (b) Cos				umulated depreciation	(d) Book value
1 a	Land				+		
	Buildings				+		
	Leasehold improvements			59,079	9	36,930	22,149
	Equipment			23,46	-	27,305	-3,844
	Other			42,35	-	30,645	11,708

 e Other
 42,353

 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
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Schedule D (Form 990) 2019

30,013

	Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV,∣	ine 11t	.See Form 990,	Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value			d of valuatio	on:
 (1) Financia (2) Closely- (3)Other 	I derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 110			
	(a) Description of investment			(b) Book value		nod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		Þ			
	Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, lii	ne 11d	. See Form 990, Pa		(b) Book value
(1)	(a) Beschption					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability		ne 11e	or 11f.See Form	990, Part	X, line 25.
	income taxes					
(2)						-
(3)						
(4)						
(5)						+
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum	n (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

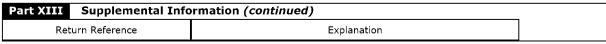
Sche	dule D (Form 990) 2019		Page 4
Pa	TEXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	turn.	
1	Total revenue, gains, and other support per audited financial statements	1	677,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 5,901		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	37,401
3	Subtract line 2e from line 1	3	640,274
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4,394		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	4,394
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	644,668
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	letur	n.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	501,178
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	501,178
	, , , , , , , , , , , , , , , , , , ,		
a	Donated services and use of facilities 2a 31,500		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	_	24 500
e	Add lines 2a through 2d	2e	31,500
3	Subtract line 2e from line 1	3	469,678
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,394		
b	Other (Describe in Part XIII.)	_	
c	Add lines 4a and 4b	4c	4,394
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	474,072
Pa	rt XIII Supplemental Information		

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.

Return Reference Explanation	
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efile GRAPHIC	print - DO	NOT PROCESS	As Filed Data -					DLN:	934931340	02271
	re the full c	ontent of this d	ocument, please se	elect landscape mod	e (11" x 8.5") whe	en printing.			R Na 1545 004	
Schedule I (Form 990)	Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047 2019 Open to Public		
Department of the Treasury Internal Revenue Serv	ice		► Go to <u>ww</u>	w.irs.gov/Form990 for		on.			Inspection	
Name of the organizat The Literacy Center	ion • Inc						Employ 22-318	er identificat 0555	ion number	
			and Assistance							
the selection 2 Describe in P	criteria used art IV the org	to award the grants anization's procedur	or assistance?	the grants or assistance,	nited States.				☐ Yes	☑ No
				nd Domestic Governme ditional space is needed.	ents. Complete if the o	ganization answered "Yes	s" on Form 990, Pa	art IV, line 2	1, for any recipi	ent
(a) Name and organiza or govern	tion	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript noncash assi		(h) Purpose of or assistance	grant
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
				s listed in the line 1 table				►		0

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	1	(b) Number o recipients	f (c) Amoun cash grai		(d) Amount noncash assista		(e) Method of valuation FMV, appraisal, oth	(book, er)	(f) Description of noncash assistance
(1) Student Scholarship		1	500				•		
(2) Direct Assistance for Rent and Bi	ill	200	38,400						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Return Reference E	xplanatio	on							
									Schedule I (Form 990) 2019

efile GRAPHIC print -	DLN: 934931340	DLN: 93493134002271			
SCHEDULE O (Form 990 or 990- EZ)Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.				OMB No. 154	9 Public
Namel Betherofganization The Literacy Center Inc			Employe 22-31805	er identification numb	per

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Reviewed by Executive Director and Board before filing.

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	rounding = -\$1