CONDON
O'MEARA
McGINTY &
DONNELLY LLP

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

April 6, 2022

Ms. Jeanine Nadler
Director of Finance & Administration
Literacy, Inc.
5030 Broadway, Suite 641
New York, NY 10034

Dear Ms. Nadler:

Enclosed are the tax returns. We will submit, on the organization's behalf, the federal (Form 990) tax returns electronically. Please sign, date and return Form 8879-EO to permit the electronic filings, provided the returns meet with your approval. The enclosed federal and state tax returns are your copy.

Electronic authorization forms may be faxed to 646-438-6250 or emailed to alazzaruolo@comdcpa.com.

We will not forward the New York State Form CHAR500 electronically. The Form CHAR500 must be filed by the organization. The state return is enclosed, in duplicate, with filing instructions.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Alexander Lazzaruolo, CPA, Esq.

Alexander Lazzaruolo

Partner

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

JUNE 30, 2021

### PREPARED FOR:

LITERACY, INC. 5030 BROADWAY NO. 641 NEW YORK, NY 10034

#### PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004

### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### **MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### **SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022

## **Taxpayer Copy**

Form **8879-EO** 

### **IRS e-file Signature Authorization** for an Exempt Organization

, 2020, and ending

, 20 21

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number

ITERACY, INC.	13-3911331
lame and title of officer or person subject to tax	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any	from the return. If you
heck the box on line <b>1a, 2a, 3a, 4a, 5a, 6a,</b> or <b>7a</b> below, and the amount on that line for the return being filed blank, then leave line <b>1b, 2b, 3b, 4b, 5b, 6b,</b> or <b>7b,</b> whichever is applicable, blank (do not enter -0-). But, if you esturn, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.	with this form was
a Form 990 check here ▶ 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> 3,899,705.
b Total revenue, if any (Form 990-EZ, line 9)	
a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b
b Balance due (Form 8868, line 3c)	
a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to	Гах
name of organization)	and belief, they are of the electronic return. e return to the IRS and eason for any delay in ts designated Financial in the tax preparation his account. To revoke rior to the payment of taxes to receive d a personal funds withdrawal.
X     authorize   CONDON O'MEARA MCGINTY & DONNELLY LLP	
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signa electronically filed return. If I have indicated within this return that a copy of the return is being filed w regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosur	rith a state agency(ies)

Signature of officer or person subject to tax	Date ▶
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	13601807777
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 elect that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Moc IRS <i>e-file</i> Providers for Business Returns.	•
ERO's signature Dondon o'MEARA MCGINTY & DONNELLY LA lexander La	zzaruolo <sup>Date</sup> ▶ <u>4/6/2022</u>

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Ac

Form **8879-EO** (2020)

023051 11-03-20

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	ror m	e 2020 calendar year, or tax year beginning 30L 1, 2020 an	a enaing	JUN 30, 2021							
В	Check if applicab	C Name of organization		D Employer identifi	cation number						
	Addre	ge LITERACY, INC.									
	Name chanç	ge Doing business as LINC		13-3911331							
	Initial returr Fiṇal	Number and street (or P.U. box it mail is not delivered to street address)	` '								
	returr termi ated	V		212-620-5462	5,341,553.						
	Amer			G Gross receipts \$							
	returr Appli			H(a) Is this a group re							
	tion	F Name and address of principal officer: The Quality A. RATRO		for subordinates	? Yes X No						
_		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No						
		tempt status: $\boxed{X}$ 501(c)(3) 501(c) ( ) $\blacktriangleleft$ (insert no.) 4947(a)(1	l) or 52	27 If "No," attach a	list. See instructions						
J	Websi	te: WWW.LINCNYC.ORG		H(c) Group exemption	n number 🕨						
<u>K</u>	Form o	f organization: X Corporation Trust Association Other	L Yea	ar of formation: 1996	M State of legal domicile: NY						
P	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: TO EN	GAGE FAM	ILIES AND							
Activities & Governance		COMMUNITIES TO SUPPORT YOUNG READERS IN HIGH NEED AREAS.									
ž	2	Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its net ass	sets.						
ē	3			3	26						
è	4	Number of independent voting members of the governing body (Part VI, line 1b)			26						
œ	5 5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			51						
<u>. i</u>	3				110						
≨	6	Total number of volunteers (estimate if necessary)			0.						
Ą	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·								
	1.			Prior Year	Current Year						
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		4,039,746.	<del>                                     </del>						
5	9	Program service revenue (Part VIII, line 2g)		49,500.	22,167						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,839.	-1,304.						
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,064.	35,000.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,141,149.	3,899,705.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
v,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	)L	2,722,457.	2,681,012.						
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		49,064.	35,000.						
<u>a</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	5,790.								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		826,192.	833,643.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,597,713.	3,549,655.						
	19	Revenue less expenses. Subtract line 18 from line 12		543,436.	350,050.						
				Beginning of Current Year	End of Year						
ets (	20	Total assets (Part X, line 16)	_	4,273,397.	4,595,330.						
Net Assets or	21	Total liabilities (Part X, line 26)		812,407.	784,841.						
let,	22	Net assets or fund balances. Subtract line 21 from line 20		3,460,990.	3,810,489.						
	art II	Signature Block		-,,							
		alties of perjury, I declare that I have examined this return, including accompanying schedu	lac and ctata	mente, and to the heet of my	/ knowledge and helief it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			Kilowieuge allu bellel, it is						
tiut	, сопе	ti, and complete. Declaration of preparer (other than officer) is based on an information of	willeli prepar	ti ilas ally kilowieuge.							
٥.		Signature of officer		I Date							
Sig		organization of onloop		Duto							
He	re	Type or print name and title									
				Date Check	DTIN						
		Print/Type preparer's name Preparer's signature	4	#	PTIN						
Pai			aruolo	4/6/2022 "self-employ	•						
	parer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP		Firm's EIN ▶	13-3628255						
Use	Only	Firm's address ONE PARERY PARK PLAZA, 7TH FL.									
		NEW YORK, 1000		Phon/no.212	-661-7777						
Ма	y the I	RS discuss this return with the properties above 25 e in a tructions			X Yes No						
		1110 For Denominal Poduction Act lating and the congreta instruction	ione	_	Farm <b>990</b> (2020)						

Form	990 (2020) LITERACY, INC.	13-3911331	Page 2
Pa	rt III Statement of Program Service Accomplishments		[ <del>1</del>
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	<u></u>	Х Х
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		· ·
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Y	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Y	es 🗓 No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses	, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 2,810,819. including grants of \$ )	(Revenue \$	22,167.
	SEE SCHEDULE O		
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ Sevenue \$	)	
4e	Total program service expenses ► 2 2 2 1,19 C	<del>\</del>	n <b>990</b> (2020
03200		<b>y</b> Form	n <b>990</b> (2020

13-3911331 Page 3

### Form 990 (2020) LITERACY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
'	the organization's separate of 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		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<del></del>
IZa		40-	х	
L	Schedule D, Parts XI and XII	12a		$\vdash$
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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	4.41-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<del>                                     </del>
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	100	v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	$\vdash$
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the an anization attach a copy of its audited financial statements this return?	20b		$\vdash$
21	Did the organization report mole than \$ ,000 of coams or on en assistance to any do hestic organization or			,,
	domestic government on Part X, c ur (/ / ne 1? / (es co) blet Sche lule I. Pets V inc V	21	000	(2020)
		F 0 4:00	~~!	(DOO)

032003 12-23-20

Form **990** (2020)

13-3911331

### Form 990 (2020) LITERACY, INC. Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16	-		
b		-		
С	Did the organization comply with backup with follung rules in the other as ments to vendor, and rules a fining			
	(gambling) winnings to prize winner?	1c	X	
032004	4 12-23-20	Form	990	(2020)

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Form 990 (2020)

LITERACY, INC.

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			.,,
	filed for the calendar year ending with or within the year covered by this return  2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ıu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	-Ta		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua		6a		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
b	and the state of t	Gh.		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		х
	I _ I	7с		
	,	7.		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_		/11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter:			
11	Ourse to some from month on an absorbable of			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.5	If "Yes," complete Form 4722, Subedule O.	1.5		
	OVNOVOR CONV	Form	990	(2020
	l axpayer Copy	. 51111		,2020
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Form **990** (2020)

Form 990 (2020) LITERACY, INC. 13-3911331 Page **6** 

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schoolule O contains a reconcess or note to any line in this Boxt VI			Х							
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management										
	tion / it do to mining body and management		Yes	No							
12	Enter the number of voting members of the governing body at the end of the tax year 26		163	140							
Iu	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
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?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
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		Х							
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		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	, , , , , , , , , , , , , , , , , , , ,	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37								
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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?	45-	Х								
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the graphization	15a	X								
D	Other officers or key employees of the organization	15b	41								
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
104	taxable entity during the year?	16a		Х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104									
b	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									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ▶NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble							
-	for public inspection. Indicate how you made these available. Check all that apply.	,/									
	X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.	1									
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	SHARI LEVINE - 212-620 5467										
	5030 BROADWAY, NO. 641 NE Y RK, NY 1 0 4										
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Form 990 (2020) LITERACY, INC. 13-3911331 Page **7** 

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

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

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

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

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

Check this box if neither the organize (A)	(B)	3.			C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per					than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		a.	pensa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	com				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHARI LEVINE	40.00	=	=	0	3	표현	Fe			
EXECUTIVE DIRECTOR		1		х				112,500.	0.	41,181
(2) CARLOS RODRIGUEZ	2.00							,		,
CHAIRPERSON		х		х				0.	0.	0
(3) MARY FRATTO ROWE	2.00							-		
VICE CHAIR		х		х				0.	0.	0
(4) JACQUELINE A. KAIKO	2.00							-		
TREASURER		х		х				0.	0.	0
(5) KOSHA UDANI	2.00									
ASSISTANT TREASURER		х		х				0.	0.	0
(6) ROBERT E. SPIERER	2.00									
SECRETARY		х		Х				0.	0.	0
(7) MIMI LEVIN LIEBER	2.00									
FOUNDER		Х						0.	0.	0
(8) CARL D. FOLTA	2.00									
DIRECTOR		Х						0.	0.	0
(9) SONIA ORTIZ-GULARDO	2.00									
DIRECTOR		Х						0.	0.	0
(10) DONOVAN CAMPBELL	2.00									
DIRECTOR		Х						0.	0.	0
(11) STEVEN CRABBE	2.00									
DIRECTOR		Х						0.	0.	0
(12) TRACY DOCKRAY	2.00	1								
DIRECTOR		Х						0.	0.	0
(13) JOHN HALLEY	2.00	1								
DIRECTOR		Х						0.	0.	0
(14) HELENE D. JAFFE	2.00	-								
DIRECTOR		Х	_					0.	0.	0
(15) DAN LEE	2.00	-								
DIRECTOR		Х	_		-			0.	0.	0
(16) JOHN PANTALENA	2.00	1_								
DIRECTOR		Х	_	_				0.	0.	0
(17) STEPHANIE YOUNG	axpa	X	1			<b>1</b>		Cop		_
DIRECTOR	UAU	X						0.	0.	0

Form 990 (2020)
Part VII | Section A. Office Page 8 LITERACY, INC. 13-3911331

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	HIQ	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		<b>ገ</b> : than (	one	Reportable	Reportable		1	stimat	
	hours per week					is both or/trus		compensation	compensation		ar	nount	
	(list any	$\vdash$					Ť	from the	from related organization		COR	other opensa	
	hours for	direct				P		organization	(W-2/1099-MI		1	rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	,	1	ganizat	
	organizations	trus	nal tr		oyee	e mo					an	d relat	ted
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ions
(18) RON RENTEL	2.00	ᆵ	SE .	₩	Ke	불 등	호				<del>                                     </del>		
DIRECTOR	2.00	x						0.		0.			0.
(19) ANN SHORT	2.00												
DIRECTOR	2.00	x						0.		0.			0.
(20) SUSAN ELKIND ORCHANT	2.00		$\vdash$					1					
DIRECTOR	2.00	x						0.		0.			0.
(21) JOHN GALISKI	2.00		$\vdash$								$\vdash$		
DIRECTOR		х						0.		0.			0.
(22) ANDREW SPRING	2.00												
DIRECTOR		х						0.		0.			0.
(23) SYLVAIN GRANDE	2.00												
DIRECTOR		х						0.		0.			0.
(24) NASREEN DAVIDSON	2.00												
DIRECTOR		х						0.		0.			0.
(25) CLARE PREMO PEREZ	2.00												
DIRECTOR		Х						0.		0.			0.
(26) JORDAN HALPERN-LEISTNER	2.00												
DIRECTOR		х						0.		0.			0.
1b Subtotal	•						<b>▶</b>	112,500.		0.		41,	,181.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	112,500.		0.		41,	,181.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150			•								4	Х	
5 Did any person listed on line 1a receive or a	=				-								
rendered to the organization? If "Yes," com	<u>nplete Schedul</u>	e J f	or su	ıch <u>ı</u>	pers	on .				<u></u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensa	ition fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	services	(	<b>))</b> Compe	C) ensatio	าท
Trains and pasiness	addiooo	140	1415					2 dodniption or c	701 11000				
							_			<del>                                     </del>			
-													
2 Total number of independent contractors (i		ot lir	nite	d to	thos	se lis	ted	above) tho received m	ore than				
\$100,000 of compensation from the organic	2 at on 1	ung.	+	H		7	_	<del>( .n</del>	<del>- \</del>		F	990	(2020)
SEE PART VII, SECTION A ONTIN								UUP	<b>y</b>		⊢orm	99U (	(2020)
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.60405 152490 K4H02M			2.0	) 2 (	)	050	91	2 LITERACY, 3	INC.			KΔ	H02
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13-3911331 Form 990 LITERACY, INC

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Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(6)	heck	Pos	C) ition		lv)	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) NAHID LAKHANI	2.00									
IRECTOR		Х						0.	0.	

# Taxpayer Copy

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		Check if Schedule O c	onta	ains a resp	onse	or note to any lin	e in this Part VIII			
				•		•	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
ည် မြ		Fundraising events				655,547.				
fts,		Related organizations				,				
nila Pila		Government grants (contri				1,616,318.				
Sin		All other contributions, gifts, g								
uti Je	•	similar amounts not included				1,571,977.				
ĢË	_				¢	115,039.				
no nd		Noncash contributions included in li				113,003.	3,843,842.			
Oa		Total. Add lines 1a-1f				Business Code	3,043,042.			
	_	EEEC EOD CEDUICEC				900099	22 167	22 167		
Program Service Revenue	2 a					900099	22,167.	22,167.		
erv	b									
J.S.	С									
ran Sev	d									
60.	е									
<u> </u>	f	All other program service r	eve	nue						
	g	Total. Add lines 2a-2f				<b>&gt;</b>	22,167.			
	3	Investment income (includ	ing	dividends,	intere	st, and				
		other similar amounts)				<b>&gt;</b>	234.			234.
	4	Income from investment of								
	5	Royalties								
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	<u></u>	(i) Secur	ities	(ii) Other				
	<i>i</i> a		7-	- ''		(ii) Otrici				
		assets other than inventory	7a	1,427,	302.					
4	b	Less: cost or other basis		1 420	1 2 0					
nue l				1,429,						
š	С	Gain or (loss)	7с	-ı,	538.		1 520			1 520
her Revenue		Net gain or (loss)				<b>D</b>	-1,538.			-1,538.
je l	8 a	Gross income from fundraisin								
δ		including \$6	55,	547. of						
		contributions reported on I		,						
		Part IV, line 18			8a	47,728.				
	b	Less: direct expenses			8b	12,728.				
	С	Net income or (loss) from f	und	raising eve	nt <u>s</u>	<b>&gt;</b>	35,000.			35,000.
	9 a	Gross income from gaming	g ac	tivities. Se	e					
		Part IV, line 19			9a					
	b	Less: direct expenses								
	С	Net income or (loss) from g	gam	ing activition	es					
		Gross sales of inventory, le								
		•			10a					
	b	and allowances 10a Less: cost of goods sold 10b								
		Net income or (loss) from s				<b>•</b>				
$\neg$					-· <i>j</i>	Business Code				
ns	11 a									
eo Teo	ıı d									
llar ven	b									
Miscellaneous Revenue	C		_							
Ξ̈́	d	All other revenue						0 10 1		
		Total. Add lines 11a-11c	4	X			2000 75		0.	33,696.
	12	-	ns (		<u> </u>		3 033, 73.		<b>V</b>	
032009	9 12-23	3-20							7	Form <b>990</b> (2020)

## Form 990 (2020) LITERACY, INC. Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	7.5.			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	159,029.	126,225.	12,895.	19,909.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,187,695.	1,736,424.	177,385.	273,886.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,031.	13,518.	1,381.	2,132.
9	Other employee benefits	125,453.	99,574.	10,172.	15,707.
10	Payroll taxes	191,804.	152,239.	15,552.	24,013.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	51,111.	43,266.	6,799.	1,046.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	35,000.			35,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	309,313.	214,410.	43,059.	51,844.
12	Advertising and promotion				
13	Office expenses	37,844.	27,765.	5,700.	4,379.
14	Information technology				
15	Royalties				
16	Occupancy	73,312.	57,895.	7,082.	8,335.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	715.	568.	57.	90.
23	Insurance	12,757.	10,126.	1,034.	1,597.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSE	239,400.	239,400.		_
b	CONTRIBUTED BOOKS AND M	55,297.	55,297.		
С	MISCELLANEOUS	53,894.	34,112.	1,930.	17,852.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,549,655.	2,810,819.	283,046.	455,790.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint co <del>ologram</del> a combined				
	educational campaign and fundraising social tion	navo	er Co	mv I	
	Check here if following SOP 8-2 (/ SC 9 3-7/J)	Uavo			
03201	) 12-23-20	- <del> </del>	-	1 J	Form <b>990</b> (2020)

2020.05092 LITERACY, INC.

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Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	2,529,004.	1	1,295,471		
	2	Savings and temporary cash investments			294,922.	2	1,777,340
	3	Pledges and grants receivable, net			1,102,102.	3	853,474
	4	Accounts receivable, net			53,739.	4	24,908
	5	Loans and other receivables from any curren		, , , , , , , , , , , , , , , , , , ,			
		trustee, key employee, creator or founder, su					
	_	controlled entity or family member of any of t	•			5	
	6	Loans and other receivables from other disqu	•	,			
		under section 4958(f)(1)), and persons descri		· / · / · / · · · · · · · · · · · · · ·		6	
)ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			06.054	8	00.54
٩	9				26,251.	9	28,54
	10a	Land, buildings, and equipment: cost or other	ı	24 224			
		basis. Complete Part VI of Schedule D		24,381.	4 505		4 05
	b	Less: accumulated depreciation		23,309.	1,787.	10c	1,07
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir			249,922.	12	599,89
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	15,670.	15	14,62		
	16	Total assets. Add lines 1 through 15 (must e			4,273,397.	16	4,595,33
	17	Accounts payable and accrued expenses			321,300.	17	284,84
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	. Complete Part X			
		of Schedule D			491,107.	25	500,000
	26				812,407.	26	784,84
		Organizations that follow FASB ASC 958, or	check her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27			<u> </u>	1,893,694.	27	2,357,778
ра	28	Net assets with donor restrictions			1,567,296.	28	1,452,71
nu		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 📖 📗			
ī		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun				29	
sel	30	Paid-in or capital surplus, or land, building, or	r equipme	nt fund		30	
i As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,460,990.	32	3,810,489
	33	Total liabilities and net assets/fund balances			4,273,397.	33	4,595,330

Form **990** (2020)

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LITERACY, INC. 13-3911331 Page **12** Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8	399,	705.
2						
3	Revenue less expenses. Subtract line 2 from line 1	3		3	350,	050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,4	160,	990.
5	Net unrealized gains (losses) on investments	5			-	551.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		3,8	310,	489.
Pa	rt 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		🚅	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		<u>L</u> :	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	3b		

Form 990 (2020)

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### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Nan	ne of	the organization						Employer	identification number
			CY, INC.						13-3911331
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	IS.	
Γhe	orgar	nization is not a private found	ation because it is: (	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general į	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			•	•	•
		activities related to its exem		•	. ,			• •	•
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Cor				=	201 1141		
11	H	An organization organized a	•	•	•				
12	ш	An organization organized a	•	•	-			•	• •
		more publicly supported orglines 12a through 12d that	-						Sheck the box in
а		Type I. A supporting orga	* *			-		-	aivina
а		the supported organization	•		•	_			
		organization. <b>You must o</b>			i majority c	n the direc	iors or truste	es or the st	apporting
b		Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) by hay	vina.
~		control or management o	•				-		
		organization(s). You mus			o po.oo			900 00.[0]	551154
С		Type III functionally inte	-		in connect	tion with, a	and functional	lv integrate	ed with.
	-	its supported organization						, 3	,
d		Type III non-functionally		•				ted organiz	zation(s)
		that is not functionally int	-					-	
		requirement (see instructi	ons). You must co	mplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ent	er the number of supported o	organizations						
g		vide the following information			I (iv) le the oraș	anization listed			T (34 ) (11
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See ii	istructions)	support (see instructions)
					<del>                                     </del>	-			
			_		<del>                                     </del>				
				ave					
F - 4 -			X				<del>)                                    </del>	<del>                                     </del>	

LHA For Paperwork Reduction Act Notice, see the Ir structions for form 990 or 990-EZ. 032021 01-25-2

Sobedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,310,579.	3,586,162.	3,833,859.	3,948,046.	3,843,842.	17,522,488.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,310,579.	3,586,162.	3,833,859.	3,948,046.	3,843,842.	17,522,488.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,171,276.
6	Public support. Subtract line 5 from line 4.						14,351,212.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,310,579.	3,586,162.	3,833,859.	3,948,046.	3,843,842.	17,522,488.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	717.	676.	778.	530.	234.	2,935.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	60,251.	43,352.				103,603.
11	<b>Total support.</b> Add lines 7 through 10						17,629,026.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	194,853.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, co	olumn (f))		14	81.41 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	76.99 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on lii				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not cl				
	and if the organization meets the facts	s-and-circumstance	es test, check this l	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 1 <mark>7b</mark> ,	, check this box a	nd see instructions	<b>&gt;</b>
					Caha	dule A (Form 990	or 000 E7\ 2020

Schedule A (Form 990 or 990-EZ) 2020

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### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						L
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(-) 0000	(0 T-1-1
	andar year (or fiscal year beginning in)  Amounts from line 6	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	ourth, or fifth tax	vear as a section 5	01(c)(3) organization	on.
	-			•			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18	·					18	<u>%</u>
198	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	•			•		▶□
k	o 33 1/3% support tests - 2013. Hithe					ore than 33 1/3%, a	and
	line 18 is not more than 33 1/39, ch	ck his by kard s	t <b>op he re.</b> The orga	iza ion qui lifies a	as purlicy suppo	orted organization	▶∐
20	Private foundation. If the organization	in o'd roit shock?	b x o lin 14, 19	o 19b, chick t	s ox in se ins	uctions	▶∐

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Sobedule A (Form 990 or 990-EZ) 2020

Yes No

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 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).
- **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.**
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? \*\*\* answer line 10b below.
  - b Did the organization have any excess bisines hidings in the excess positive data mine whether the organization and years have a higher feet and

1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a

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	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
_	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,	_		
000	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	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. <i>Complete</i> line 3 below.			
C	· · · · · · · · · · · · · · · · · · ·	otri ot:-	ıol	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	S). Yes	No
2			162	140
а	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.	2a		
b	Did the activities described in line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Particles	3a		
b	Did the organization exercise a subctain all legre for lirection over the policies, programs, and activities of each			
	of its supported organizations of the second of the second of the supported organizations of the second of the se	3b		

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Soldedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	. aga a				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	tion 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						
Sect	tion 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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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 0.015 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 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	tion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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-function	ally integrate	ed Type III supporting orga	nization (see				
	instructions)							

Schedule A (Form 990 or 990-EZ) 2020



Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



032027 01-25-21

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2016 AMOUNT: \$ 60,251.
2017 AMOUNT: \$ 43,352.
Taypayak Capy
Taxpaver Copy

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

LITERACY, INC. 13-3911331 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Taxpayer Copy** 

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

13-3911331

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK CITY DISCRETIONARY FUNDING UNDER ONE DYCD  123 WILLIAM ST.  NEW YORK, NY 10038	\$1,106,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PINKERTON FOUNDATION  610 FIFTH AVENUE SUITE #316  NEW YORK, NY 10020	\$ 494,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CARMEL HILL FOUNDATION  P.O. BOX 1050  CARMEL, CA 93921	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATEN ISLAND FOUNDATION  260 CHRISTOPHER LAND SUITE #3B  STATEN ISLAND, NY 10314	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VIACOM  1515 BROADWAY  NEW YORK, NY 10036	\$85,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SBA - PAYROLL PROTECTION PROGRAM  409 3RD ST, SW  WASHINGTON, DC 204.6 AXDAYEL	491 107	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	chedul B (Form	990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

13-3911331

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
023453 11-25-	<u>Taxpayer</u>	CODY Chedulo B (Form 9	90, 990-EZ, or 990-PF) (2020)

lame of or	ganization		Employer identification number					
ITERACY,	INC.		13-3911331					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line entr haritable, etc., contributions of \$1,000 or le	etion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. (Enter this info. once.) \$\infty\$ \$					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee							
	Tayr		Conv					
3454 11-25-2		<del>Jayon</del> '	chedul B (Form 990, 990-EZ, or 990-PF) (20					

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	LITERACY, INC.		13-3911331
Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
	impermissible private benefit?		Yes No
Pai	T II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Art Historical Tracquires or Otl	an Cimilar Assats
Pai	t III Organizations Maintaining Collections of		ier Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth-	erance of public service,
	provide the following amounts relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
_			'
2	If the organization received or held works of art, historical treat		gain, provide
_	the following amounts required to be reported under FASB A	SU 938 relating to these items:	<b>•</b> •
a		MOK COK	
	Assets included in Form 990, Part X	fo. or a 999	Schedule D (Form 990) 2020
	For Paperwork Reduction Act No Ce se the 1struction	folvori 990.	Schedule D (Form 990) 2020

	dule D (Form 990) 2020 LITERACY, IN					11331	Pa	age 2
Par	t III Organizations Maintaining Co					•	ued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	following that make s	significant use of its			
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С								
4						t XIII.		
5	During the year, did the organization solicit or r					٦.,		٦
Dar	to be sold to raise funds rather than to be main					Yes		_ No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" or	n Form 990, Part IV	, line 9, or		
					:			
та	Is the organization an agent, trustee, custodiar		•		_	Yes		No
L	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII ar				L	res		_ NO
D	ii res, explain the arrangement in Part Alli ar	id complete the ion	owing table.			Amount		
•	Reginning halance				1c	Amount		
	Beginning balance Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on For					Yes		No
	If "Yes," explain the arrangement in Part XIII. C				•			j
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	1,567,296.	1,308,562.	1,077,008.	975,596			446.
	Contributions	1,091,000.	1,400,550.	1,201,066.	1,069,512	. 8	343,	100.
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	1,205,585.	1,141,816.	969,512.	968,100	. 1,0	025,	950.
f	Administrative expenses							
g	End of year balance	1,452,711.	1,567,296.	1,308,562.	1,077,008	. 9	975,	596.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administered for the	ne organization	_		
	by:						Yes	No
	(i) Unrelated organizations							Х
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization					<b>3</b> b		
4	Describe in Part XIII the intended uses of the o		ment funds.					
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered							
	Description of property	(a) Cost or ot	` '	' '	Accumulated	(d) Book	valu	е
	Land	basis (investm	enty Dasis	(other) de	epreciation			
	Land							

Schedule D (Form 990) 2020

23,309

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e Other

c Leasehold improvements

d Equipment

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

24,381.

1,072.

1,072.

032053 12-01-20

organization's liability for unce

of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

13-3911331

	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total revenue, gains, and other support per audited financial statements			1	3,913,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-551.		
	Donated services and use of facilities		49,297.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	48,746.
3	Subtract line 2e from line 1			3	3,864,705.
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			
	Other (Describe in Part XIII.)		35,000.		
	Add lines 4a and 4b			4c	35,000.
5				5	3,899,705.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII   Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,563,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	49,297.		
	Prior year adjustments	l l			
	Other losses	l l			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	49,297.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,514,655.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		35,000.		
	Add lines <b>4a</b> and <b>4b</b>	·	,	4c	35,000.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,549,655.
	t XIII Supplemental Information.				· · ·
lines :	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; led and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  V, LINE 4:	*		, Part X, III	ie 2, Part AI,
TEMP	DRARILY RESTRICTED NET ASSETS CONSIST OF CONTRIBUTIONS THA	. ARE			
REST	RICTED BY THE DONOR FOR A SPECIFIC PROJECT OR PURPOSE OR RI	ELATE TO			
FUTU	RE PERIODS.				
	W				
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
GROS	S UP OF PROFESSIONAL FUNDRAISING	35,000.			
PART	XII, LINE 4B - OTHER ADJUSTMENTS:				
GROS	S UP OF PROFESSIONAL FUNDRAISING	35,000.			

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Schedule D (Form 990) 2020 L	ITERACY, INC.				13-3911331	Page <b>5</b>
Part XIII Supplemental Informa	ation <sub>(continued)</sub>					
		<del>1Ver</del>		<del>}\/</del>	Schedule D (Form	990) 2020
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		30				TT 4 TT 0 0
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09160405 152490 K4H02M

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  LITERACY,	INC.				13-391133	entification number
	- Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, li	ne 17. Form 990-EZ	' filers are not
required to complete this pa  1 Indicate whether the organization rai a X Mail solicitations	sed funds through any of the following			Check all that apply. overnment grants		
b X Internet and email solicitation				nment grants		
c Phone solicitations	g X Specia					
<ul><li>d In-person solicitations</li><li>2 a Did the organization have a written</li></ul>	or oral agreement with any individua	l (includ	lina of	ficers directors trus	tees or	
key employees listed in Form 990, F <b>b</b> If "Yes," list the 10 highest paid ind	Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?	X Yes	
compensated at least \$5,000 by the	organization.	1		T 1		T
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
W. DOUGLAS WINGO INC 350		Yes	No			
SEVENTH AVE., STE. 1601, NEW	ANNUAL GALA		Х	703,275.	35,000.	668,275.
				702 275	35 000	669 275
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	703,275.	35,000. it is exempt from re	668,275.
NY						

LHA For Paperwork Reduction Ac

c ed le G (Form 990 or 990-EZ) 2020

			(a) Event #1	(b) Event #2	(c) Other events	
			VIRTUAL GALA	(3) = 10.11 11	NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne Jue			(overtilypo)	(event type)	(total Hambol)	
Revenue	1	Gross receipts	703,275.			703,275
	2	Less: Contributions	655,547.			655,547
1	3	Gross income (line 1 minus line 2)	47,728.			47,728
		Oash wisses				
	4	Cash prizes				
- 1	5	Noncash prizes				
Seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	_	Entertainment				
	8 9	Entertainment Other direct expenses				12,728
	_	Direct expense summary. Add lines 4 through			•	12,728
- 1		Net income summary. Subtract line 10 from I	. ,		_	35,000
ar	t I	<b>II</b> Gaming. Complete if the organization				
_		\$15,000 on Form 990-EZ, line 6a.		,		
al le			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Hevenue						
7	1	Gross revenue				
ខ្ល	2	Cash prizes				
	_	Nanaga wina				
Ž	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	^	Not receive in come as more as Cultivat line 3	Through line 4 and many (al)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		<b>P</b>	
a !	=nt	er the state(s) in which the organization condu	icts gaming activities.			
		he organization licensed to conduct gaming a	_			Yes No
		No," explain:				
		re any of the organization's gaming licenses re		• •	ear?	. Yes No
b	† "`	Yes," explain:				
-						
_						
	11.	-25-20	001/0	vr ( 'c	Schedule G (Fo	rm 990 or 990-EZ) 202
32082						

Sch	edule G (Form 990 or 990-EZ) 2020 LITERACY, INC.	13-3911331	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		13a	0.4
	The organization's facility		<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
	7.444.666		
16	Gaming manager information:		
10	Gaming manager mormation.		
	Nama 🏲		
	Name		
	Consider an access of the constant of the cons		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: W. DOUGLAS WINGO INC.		
<u> </u>	•		
(T)	ADDRESS OF FUNDRAISER: 350 SEVENTH AVE., STE. 1601, NEW YORK, NY 10001		
<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>			
	T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	<u> I aynawar i anw</u>		
	- I dapayti CUV		
0320	83 11-25-20 Sobedule G	(Form 990 or 99	0-EZ) 2020

Schedule G (Form 990 or 990-EZ)  LITERACY, INC.  Part IV Supplemental Information (continued)			1:	3-3911331	Page 4
Part IV Supplemental Information (continued)					
Taxpay			<b>^</b> //		
Veaxe	T	<b>UU</b>	Schedul	e G (Form 990	or 990-EZ
032084 04-01-20	2.4		J		
60405 152490 K4H02M 202	34	LITERACY,	TNC		K4H02
NATIONAL TOTAL OFFICE CORPORATION OF THE CORPORATIO	40.00034	TITERACI,	TIMC.		K4HU2

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

➤ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LITERACY, INC.

Employer identification number 13-3911331

OMB No. 1545-0047

Open to Public

Inspection

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any naven listed on Form 200. Port VII. Costian A. line 1e, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	Describes a service of a service of service	4a		Х
		4b		
		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of the second and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020



Schedule J (Form 990) 2020 LITERACY, INC. 13-3911331

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SHARI LEVINE	(i)	112,500.	0.	0.	23,400.	17,781.	153,681.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
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	(i)								
	(1)								
	i)	AV	100	IOK		MAL.			
	ii)							<u> </u>	

# Taxpayer Copy

Schedule J (Form 990) 2020

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization Employer identification number 13-3911331 LITERACY, INC.

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	s
1	Art - Works of art			, , , ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	6	59,742.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts  Other	X	2	32,815.	FM7		
25 26	/	X	5	22,482.			
26 27	Other (BOOKS/MATERIA) Other (Other (Docks/MATERIA))			22, 102.	111		
21 28	Other ()						
<u>20                                    </u>	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
		, , , a., , , , <u>, , , , , , , , , , , , , , , </u>				Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			·		30a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020



### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

LITERACY, INC. 13-3911331 FORM 990, PART III, LINE 1 LITERACY INC. (LINC) IS AN AWARD-WINNING ORGANIZATION THAT PROVIDES EFFECTIVE EARLY LEARNING STRATEGIES FOR PARENTS TO BUILD A STRONG LITERACY FOUNDATION FOR THEIR CHILDREN DURING THEIR FIRST FIVE YEARS OF DEVELOPMENT. A TIME WHEN THEIR FUTURE OUTCOMES ARE SHAPED. OUR MISSION IS TO ENGAGE FAMILIES AND COMMUNITY MEMBERS TO SUPPORT YOUNG READERS IN HIGH-NEED NEIGHBORHOODS. WITH LINC, CHILDREN BECOME LIFELONG READERS; PARENTS LEARN AND DEVELOP SKILLS, VOLUNTEER AT SCHOOL AND BECOME LITERACY ADVOCATES IN THEIR COMMUNITIES. FORM 990, PART III, LINE 4A LINC'S 2-GENERATION AND COMMUNITY-BASED EARLY CHILDHOOD PROGRAMMING DELIVERED PHYSICALLY (PRE-COVID19 AND SAFELY DURING COVID) AND ON ITS WEBSITE AND ACROSS MULTIPLE VIRTUAL PLATFORMS (POST-COVID19), MOBILIZED MORE THAN 185 COMMUNITY PARTNERS. INCLUDING LIBRARIES. TO DELIVER 154 READING EVERYWHERE PROGRAMS AND 82 PARENT WORKSHOPS. WE ALSO GRADUATED 46 PARENTS IN OUR VERY INVOLVED PARENT ACADEMY. OUR IMPACT IS EVIDENT IN THE ATTITUDE AND BEHAVIOR CHANGE AMONG PARENTS WHO PARTICIPATED IN OUR PROGRAMS: 75% LINC PARENTS WITH CHILDREN YOUNGER THAN FIVE REPORT READING FIVE OR MORE DAYS A WEEK TO THEIR CHILD COMPARED TO ONLY 42% OF PARENTS WHO HAVE NOT ATTENDED LINC PROGRAMS

ule O (Form 990 or 990-EZ) 2020

Name of the organization  LITERACY, INC.	Employer identification number 13-3911331
72% OF LINC PARENTS REPORT HAVING ESTABLISHED A STRUCTURED READING	
ROUTINE AT BEDTIME COMPARED TO ONLY 26% OF PARENTS WHO HAVE NOT	
ATTENDED LINC PROGRAMS	
72% OF LINC PARENTS REPORT HAVING 10 OR MORE AGE-APPROPRIATE BOOKS IN	
THE HOME COMPRED TO 42% OF PARENTS WHO HAVE NOT ATTENDED LINC PROGRAMS	
89% PARENTS MAKE THE READING EXPERIENCE ENGAGING BY ASKING QUESTIONS	
ABOUT THE STORY AND PICTURES BEDTIME COMPARED TO ONLY 61% OF PARENTS	
WHO HAVE NOT ATTENDED LINC PROGRAMS	
90% PARENTS OF CHILDREN YOUNGER THAN FIVE KNOW THE IMPORTANCE OF	
READING TO THEIR CHILD FROM THE DAY THEY ARE BORN	
FROM PARENTS TO LITERACY ADVOCATES. PARENTS WHO GRADUATE FROM OUR VERY	
INVOLVED PARENT (VIP) ACADEMY ARE A STRONG CATALYST FOR CHANGE AT	
MULTIPLE LEVELS. THESE PARENTS SUSTAINED AND EVEN INCREASED THEIR	
FAMILY'S READING HABITS DURING THE COVID PANDEMIC	
98% READ BY THEMSELVES MORE OFTEN OR THE SAME AMOUNT DURING THE	
PANDEMIC	
88% READ TO THEIR CHILDREN MORE OFTEN OR THE SAME AMOUNT DURING THE	
PANDEMIC	
97% OF VIP CHILDREN READ TO THEMSELVES MORE OFTEN OR THE SAME AMOUNT	
DURING THE PANDEMIC	
89% TALK, PLAY, AND SING NOBE OFTEN WITH THEIR CHILDREN.  90% FEEL MORE KNOWLEDGEABLE ABOUT CHARL IEVE COME IT	\ <u>\</u>

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Name of the organization  LITERACY, INC.	Employer identification number 13-3911331
95% FEEL MORE CONFIDENT TALKING TO NEIGHBORS ABOUT THE IMPORTANCE OF	
READING TO CHILDREN.	
95% FEEL MORE KNOWLEDGEABLE ABOUT WHERE TO FIND LITERACY RESOURCES IN	
THEIR COMMUNITY.	
97% GO TO THE LIBRARY MORE OFTEN (PRIOR TO COVID).	
97% ARE MORE ACTIVE IN THEIR CHILDREN'S LEARNING AT HOME.	
97% ARE MORE ACTIVE IN THEIR CHILDREN'S EDUCATION AT SCHOOL.	
100% UNDERSTAND HOW TO CHOOSE THE RIGHT BOOK FOR CHILDREN AT DIFFERENT	
AGES.	
100% PARENTS KNOW ABOUT MORE RESOURCES AND SUPPORT FOR THEIR FAMILIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 IS E-MAILED TO BOARD MEMBERS FOR COMMENT BEFORE	
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TO REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH THE LINC'S CONFLICT OF	
INTEREST POLICY, ANNUAL CONFLICT OF INTEREST STATEMENTS ARE SIGNED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS CONDUCTS A YEARLY PERFORMANCE REVIEW OF THE	
EXECUTIVE DIRECTOR AND SETS THE SALARY FOR THE NEW YEAR. THIS IS DONE	
APPROXIMATELY IN SEPTEMBER FOR AN OCTOBER 1 NEW SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
LINC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AVAILABLE	
UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE LINC WASSIT.	

032212 11-20-20

# TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

### FOR THE YEAR ENDING

JUNE 30, 2021

### PREPARED FOR:

LITERACY, INC. 5030 BROADWAY NO. 641 NEW YORK, NY 10034

### PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004

### **AMOUNT OF TAX:**

**BALANCE DUE OF \$275** 

### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

### MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

## RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

# **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020

**Open to Public** Inspection

1.General Informat	ion						
For Fiscal Year Beginning	g (mm/dd/yyyy) 07	/01/2020	and Ending (	mm/dd/yyyy) 🕻	6/30/2	021	
Check if Applicable: Address Change	Name of Organization LITERACY,					Employer Identi	fication Number (EIN):
Name Change Initial Filing	Mailing Address: 5030 BROAD		641			NY Registration	
Final Filing  Amended Filing	City / State / ZIP: NEW YORK,	NY 1003	4			Telephone: 212 620-	-5462
Reg ID Pending	Website:					Email:	
Check your organization's	•	0.0110			I	<u> </u>	
registration category:	7A only	EPTL only	X DUAL (7A &	EPTL) E			ation Category in the www.CharitiesNYS.com.
2. Certification							
See instructions for certif two signatories.	ication requirements. I	mproper certifica	ation is a violation	of law that may	be subject to	penalties. The co	ertification requires
	penalties of perjury that te true, correct and con						
President or Authorized	Officer:						
	Signatu	re			Print Name a	and Title	Date
Chief Financial Officer o	r Treasurer						
	Signatu	re			Print Name a	and Title	Date
3. Annual Reporting	Exemption						
exceed \$2 contribution	re required. If you cann	not claim an exen fees. ntributions from ation did not eng ear.	nption or are a DU NY State including gage a professiona	AL filer that clai gresidents, four I fund raiser (PF	ms only one endations, gove	exemption, you nerment agencies	nust file applicable s, etc. did not C) to solicit
4. Schedules and A	ttachmente						
See the following page	ttaciiiiciits						
for a checklist of schedules and attachments to	f	or fund raising ac	nization use a professivity in NY State?	If yes, complet	e Schedule 4	a.	ommercial co-venturer
, , ,		Did the organ		S. IIIIOIII GIAIIIS	11 you, oom	pioto coriodale 4	~.
5. Fee	T	Г			Г		
See the checklist on the next page to calculate yo	7A filing fee: ur	EPTL	filing fee:	Total fee:		ū	neck or money order
fee(s). Indicate fee(s) you are submitting here:	\$ 25	<u>.</u> \$	250.	\$ 27	5.		vable to: ment of Law"
CHAR500 Annual Filing fo *The "Exempt" category re		ons (Undated Ja 's NYS registrati	nuary 2021) Surt/s. Cos	not refer to its I	<b>S</b> ta sig	attor	Page 1

068451 01-07-21 1019

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

# **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)						
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants							
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.							
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public  Review Report if you received total revenue and support greater than \$250,000  X Audit Report if you received total revenue and support greater than \$750,000  No Review Report or Audit Report is required because total revenue and support  We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	ort is less than \$250,000						
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?						
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:						
\$0, if you checked the 7A exemption in Part 3a  X \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")						
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.						
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.						
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.						
O IV. FT.	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .						
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:						
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<ul> <li>IRS Form 990 Part I, line 22</li> <li>IRS Form 990 EZ Part I, line 21</li> <li>IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).</li> </ul>						

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

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# **CHAR500**

2020

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

**Open to Public** Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

### **Definitions**

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

<b>Professional fund raising</b> does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely						
to draft applications for funding for	rom a government agency or tax exempt organization.					
1. Organization Informati	on					
Name of Organization:	on .	NY Registration Number:				
LITERACY, INC.		05-95-39				
	ser, Fund Raising Counsel, Commercial Co-Venturer In	nformation				
Fund Raising Professional type:	Name of FRP:	NY Registration Number:				
X Professional Fund Raiser	W. DOUGLAS WINGO INC.	40-52-84				
	Mailing Address:	Telephone:				
Fund Raising Counsel	350 SEVENTH AVENUE, SUITE 1504	212-244-4880				
Commercial Co-Venturer	City / State / ZIP:	212 211 1000				
	NEW YORK, NY 10004					
3. Contract Information						
Contract Start Date:	Contract End Date:					
07/01/2020	06/30/2021					
4. Description of Services	3					
Services provided by FRP:						
WINGO WORKED WIT	H LITERACY, INC. TO PRODUCE A VIRTUA	AL GALA EVENT.				
E December of Commen						
5. Description of Comper Compensation arrangement with		Amount Paid to FRP:				
	REED LUMP SUM PAYMENT	, and an end to the .				
		35,000.				
6. Commercial Co-Venturer (CCV) Report						
required .	faction 173(a) part 3 of the Executive Law Article 7A?	10 1 7				

068471 01-07-21

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# **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

# 2020

**Open to Public** Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
LITERACY, INC.	05-95-39

## 2. Government Grants

Name of Government Agency	Amount of Grant
1. NEW YORK CITY DISCRETIONARY FUNDING UNDER ONE DYCD	1,106,700.
2. NYC CIVIC CORP	2. 18,511.
3. SBA PAYCHECK PROTECTION PROGRAM	3. 491,107.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 1,616,318.



Financial Statements for year ended June 30, 2021

# Condon O'Meara McGinty & Donnelly llp

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

To the Board of Directors Literacy, Inc.

We have audited the accompanying financial statements of Literacy, Inc. which comprise the statement of financial position as of June 30, 2021 and June 30, 2020 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

**Independent Auditor's Report** 

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

# Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

# **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Literacy, Inc. as of June 30, 2021 and June 30, 2020 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



# **Statement of Financial Position**

# **Assets**

	June 30	
	2021	2020
Current assets		
Cash and cash equivalents	\$3,072,811	\$2,823,926
Investment in U.S. Treasury Bills, at fair value	599,893	249,922
Contributions and grants receivable, net	853,474	788,100
Accounts receivable, net	24,908	142,741
Prepaid expenses	28,546	26,251
Total current assets	4,579,632	4,030,940
Contributions and grants receivable, net of current		
portion	_	225,000
Property and equipment, at cost, net	1,072	1,787
Security deposit	14,626	<u>15,670</u>
Total assets	\$4,595,330	\$4,273,397
Liabilities and Net Assets		
Current liabilities	Φ 011 605	Ф 144.45 <b>2</b>
Accounts payable and accrued expenses	\$ 211,625	\$ 144,453
Agency funds  Total current liabilities	73,216	<u>176,847</u>
Total current habilities	284,841	321,300
PPP loans payable	500,000	491,107
Total liabilities	<u>784,841</u>	812,407
Net assets		
Without donor restrictions	2,357,778	1,893,694
With donor restrictions	<u>1,452,711</u>	1,567,296
Total net assets	3,810,489	<u>3,460,990</u>
Total liabilities and net assets	\$4,595,330	\$4,273,397

# Statement of Activities

	Total	\$1,764,524 278,262 1,350,101	513,966 163,054 52,812 - - 4,122,719	2,892,554	159,027 527,229 686,256 3,578,810	543,909 2,917,081 \$3,460,990
2020	With Donor Restrictions	\$ 1,295,550 25,000 80,000	- - (1,141,816) 258,734	ī	1 1 1 1	258,734 1,308,562 \$ 1,567,296
d June 30	Without Donor Restrictions	\$ 468,974 253,262 1,270,101	513,966 163,054 52,812 1,141,816 3,863,985	2,892,554	159,027 527,229 686,256 3,578,810	285,175 1,608,519 \$ 1,893,694
Year Ended June 30	Total	\$1,231,641 285,039 1,125,211 491,107	655,547 104,594 20,312 - 3,913,451	2,841,415	297,892 424,645 722,537 3,563,952	349,499 3,460,990 \$3,810,489
2021	With Donor Restrictions	\$ 1,006,000 - 85,000	- - (1,205,585) (114,585)	1		(114,585) 1,567,296 \$ 1,452,711
	Without Donor Restrictions	\$ 225,641 285,039 1,040,211 491,107	$655,547 \\ 104,594 \\ 20,312 \\ \hline 1,205,585 \\ \hline 4,028,036$	2,841,415	297,892 424,645 722,537 3,563,952	464,084 1,893,694 \$ 2,357,778

Support and revenue

(Fu) dation and corporate contributions Individual contributions

Severnmental grants

Severnment grant – PPP

The severnment grant – PPP

The severnment grant – PPP

Total support and revenue

Total supporting activities

See notes to financial statements.

Net assets, beginning of year

Net assets, end of year

# Statement of Functional Expenses Year Ended June 30, 2021 (with Summarized Comparative Financial Information for the Year Ended June 30, 2020)

	2021				2020
	Supporting Activities				
	Management				
	Program and		Fund-		
	<u>Services</u>	<u>General</u>	<b>Raising</b>	Total	Total
Salaries	\$ 1,830,297	\$ 186,975	\$ 288,693	\$2,305,965	\$ 2,369,679
Payroll taxes and benefits	297,683	30,410	46,954	375,047	352,778
Consultants	35,892	15,577	46,145	97,614	60,646
Professional fees	211,422	33,222	5,111	249,755	200,051
Program expenses	239,400	-	-	239,400	196,306
Office supplies Staff development &	1,962	200	309	2,471	17,778
training	10,362	1,059	1,634	13,055	3,215
Occupancy	57,895	7,082	8,335	73,312	102,415
Telephone and internet	6,580	672	1,038	8,290	6,355
Printing and publications	19,223	1,964	3,032	24,219	16,191
Depreciation	568	57	90	715	1,025
Insurance	10,126	1,034	1,597	12,757	10,748
Payroll service	-	2,864	_	2,864	3,492
Miscellaneous	34,112	1,930	17,852	53,894	75,077
Special events	_		47,728	47,728	53,310
Sub-total of expenses					
by function without					
in-kind contributions	2,755,522	283,046	468,518	3,507,086	3,469,066
Less: direct costs of					
special events net with					
revenue on the					
statement of activities			47,728	47,728	53,310
Sub-total without in-kind contributions	2,755,522	283,046	420,790	3,459,358	3,415,756
In-kind contributions					
Contributed legal services	-	13,422	-	13,422	15,098
Contributed professional					
services	6,658	-	1,657	8,315	15,063
Contributed program event					
support	-	-	-	-	45,994
Contributed office space	23,938	1,424	2,198	27,560	-
Contributed books and					
materials	55,297			55,297	86,899
Sub-total in-kind					
contributions	<u>85,893</u>	14,846	3,855	104,594	<u>163,054</u>
Total	\$ 2,841,415	<u>\$ 297,892</u>	\$ 424,645	\$3,563,952	<u>\$ 3,578,810</u>

See notes to financial statements. Payer Copy

# Statement of Functional Expenses Year Ended June 30, 2020

	Supporting Activities			
	Program Services	Management and <u>General</u>	Fund- Raising	Total
Salaries	\$ 1,896,098	\$ 123,561	\$ 350,020	\$ 2,369,679
Payroll taxes and benefits	282,275	18,395	52,108	352,778
Consultants	11,568	2,778	46,300	60,646
Professional fees	189,476	2,759	7,816	200,051
Program expenses	189,259	112	6,935	196,306
Office supplies	14,225	927	2,626	17,778
Staff development & training	2,572	168	475	3,215
Occupancy	81,947	5,340	15,128	102,415
Telephone and internet	5,085	331	939	6,355
Printing and publications	12,955	844	2,392	16,191
Depreciation	820	54	151	1,025
Insurance	8,600	560	1,588	10,748
Payroll service	2,794	182	516	3,492
Miscellaneous	37,853	1,444	35,780	75,077
Special events	-	_	53,310	53,310
Sub-total of expenses				
by function without				
in-kind contributions	2,735,527	157,455	576,084	3,469,066
Less: direct costs of	2,733,327	137,433	370,004	3,402,000
special events net with				
revenue on the				
statement of activities			53,310	53,310
Sub-total without				33,310
in-kind contributions	2,735,527	157,455	522,774	3,415,756
In-kind contributions				
Contributed legal services	12,081	787	2,230	15,098
Contributed professional	12,001	767	2,230	13,076
services	12,053	785	2,225	15,063
Contributed program event				
support	45,994	-	-	45,994
Contributed books and				
materials	86,899	<u>-</u> _		86,899
Sub-total in-kind				
contributions	<u>157,027</u>	1,572	4,455	163,054
Total	<u>\$ 2,892,554</u>	<b>\$ 159,027</b>	<u>\$ 527,229</u>	<u>\$ 3,578,810</u>

See notes to financial statements. Payer Copy

# **Statement of Cash Flows**

	Year Ended June 30	
	2021	2020
Cash flows from operating activities		
Increase in net assets	\$ 349,499	\$ 543,909
Adjustments to reconcile increase in net assets		
to net cash provided by operating activities		
Depreciation	715	1,025
Forgiveness of PPP loan payable	(491,107)	-
Donated stock received	(59,742)	(91,699)
Sale of donated stock	59,742	91,699
(Increase) decrease in assets		
Contributions and grants receivable, net	159,626	250,899
Accounts receivable, net	117,833	(96,821)
Prepaid expenses	(2,295)	18,326
Security deposit	1,044	(1,820)
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	67,172	(15,454)
Agency funds	(103,631)	<u>95,347</u>
Net cash provided by operating activities	<u>98,856</u>	795,411
Cash flows from investing activities		
Proceeds from sales and maturities of investments	1,367,840	630,390
Purchases of investments	<u>(1,717,811</u> )	(880,312)
Net cash (used in) investing activities	(349,971)	(249,922)
Cash flows provided by financing activities		
Proceeds from PPP loans payable	500,000	<u>491,107</u>
Net increase in cash and cash equivalents	248,885	1,036,596
Cash and cash equivalents, beginning of year	2,823,926	1,787,330
Cash and cash equivalents, end of year	\$3,072,811	<u>\$2,823,926</u>

# Notes to Financial Statements June 30, 2021

# Note 1 – Nature of organization

Literacy, Inc. ("LINC") harnesses the power that exists in every community to make literacy a value and right of all children. Our children's educational success is the path out of poverty and the key to achievement. LINC's mission is to engage families and community members to support young readers in high need neighborhoods.

# Note 2 – Summary of significant accounting policies

# Financial reporting

The following is a summary of LINC's net assets:

# • Without donor restrictions

Net assets without donor restrictions consist of amounts that can be spent at the discretion of LINC.

# • With donor restrictions

# Temporary donor restrictions

Net assets with temporary donor restrictions consist of contributions that are restricted by the donor for a specific project or purpose or relate to future periods.

# Perpetual donor restrictions

Net assets with perpetual donor restrictions are subject to donor imposed restrictions requiring that they be maintained in perpetuity.

# Contributions

LINC records contributions as revenue without donor restrictions unless the donor stipulates a time or limits the use of the donated assets.

Contributions received with donor stipulations that limit the use of the donated assets are reported as support with perpetual or temporary donor restrictions. When a donor stipulation regarding a contribution with temporary donor restriction expires – that is, when a stipulated time restriction ends or the purpose for the restriction is accomplished – net assets with temporary donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions of investments are recorded at fair value on the date of the gift.



# Notes to Financial Statements (continued) June 30, 2021

# Note 2 – Summary of significant accounting policies (continued)

# Cash equivalents

LINC considers highly liquid investments with original maturities of 90 days or less to be cash equivalents. Included in cash equivalents are money market funds.

# Investments

Investments are recorded at fair value based on publicly quoted market prices.

# Fair value measurements

Fair value measurements establish a hierarchy that prioritizes the inputs used to measure fair value into three levels. LINC's investments are measured using Level 1 inputs, which are defined as quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

# Allowance for doubtful accounts

LINC has an allowance for doubtful accounts of \$5,000, respectively, as of June 30, 2021 and June 30, 2020, for grants, contributions and accounts receivable that may not be collectible. Such estimates are based on management's experience, the aging of the receivables, subsequent receipts and the current economic conditions.

# Property and equipment

Acquisitions of property and equipment in excess of \$1,000 and with an estimated useful life of longer than a year are capitalized and recorded at cost. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, which range from 3 to 10 years.

# Agency funds

LINC received funds from other organizations that require LINC to act as an agent and to spend the funds in accordance with the other organization's requirements. These funds are recorded as a liability on the statement of financial position until the funds are spent.

# Functional expenses

The cost of providing the various programs and other activities has been summarized on a functional basis. Accordingly, certain costs have been allocated among the program services and supporting activities benefited. Natural expenses attributable to more than one functional expense category are allocated using a cost allocation techniques primarily consisting of salary and wages and time and effort reporting.

# Notes to Financial Statements (continued) June 30, 2021

# Note 2 – Summary of significant accounting policies (continued)

# In-kind contributions

During the 2021 and 2020 fiscal years, LINC received legal services, professional services, program event support and contributions of books and materials. These goods and services were an integral part of the activities of LINC and would have had to be purchased by LINC if they had not been donated. The goods and services, totaling \$104,594 in 2021 and \$163,054 in 2020, were recorded at the fair value based on what it would have cost LINC to purchase them independently and have been reflected as support and expenses in the statement of activities.

# Concentrations of credit risk

LINC's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, cash equivalents, investments and contributions, grants and accounts receivable. LINC places its cash and cash equivalents with what it believes to be quality financial institutions. LINC invests in U.S. Treasury Bills. LINC's contributions, grants and accounts receivable consist principally of amounts due from foundations, corporations and government sources. LINC believes no significant concentrations of credit risk exist with respect to its cash, cash equivalents, investments and contributions, grants and accounts receivable.

# Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

# Risks and uncertainties

On March 13, 2020, a national emergency was declared due to extraordinary circumstances resulting from the coronavirus. The economic impact of the coronavirus on LINC's future financial operations is not readily determinable.

## Subsequent events

LINC has evaluated events and transactions for potential recognition or disclosure through November 30, 2021, which is the date the financial statements were available to be issued.

# Notes to Financial Statements (continued) June 30, 2021

# Note 3 – Liquidity and availability of financial assets

LINC's working capital and cash flows have seasonal variations during the year attributable to cash receipts from contributions, government grants, special events and other items.

The following is a summary of LINC's financial assets as of June 30, 2021 and June 30, 2020 that are available for general use within one year of the statement of financial position date:

	2021	2020
Cash and cash equivalents	\$ 3,072,811	\$ 2,823,926
Investment in U.S. Treasury Bills, at fair value	599,893	249,922
Contributions and grants receivable expected to be		
collected in one year, net	853,474	788,100
Accounts receivable, net	24,908	142,741
Total	\$ 4,551,086	\$ 4,004,689

In addition, LINC has a \$200,000 line of credit (see note 9) that can be utilized during the fiscal year if necessary.

# Note 4 – Contributions, grants and accounts receivable

Contributions, grants and accounts receivable consist of the following as of June 30, 2021 and June 30, 2020 and are due as follows:

	2021	2020
Foundations and corporations	\$ 311,523	\$ 736,050
City of New York	434,176	186,700
State of New York	65,500	65,500
Event	40,600	29,850
Fees for services	20,000	89,000
Individuals and other receivables	11,583	53,741
Sub-total	883,382	_1,160,841
Due within one year	883,382	935,841
Due within two years		225,000
Sub-total	883,382	1,160,841
Less: allowance for doubtful accounts	5,000	5,000
Total	\$ 878,382	\$1,155,841

# Notes to Financial Statements (continued) June 30, 2021

# Note 5 – Property and equipment, at cost, net

A summary of property and equipment and related accumulated depreciation as of June 30, 2021 and June 30, 2020 is as follows:

		2021	 2020
Office furniture and equipment	\$	13,631	\$ 13,631
Program equipment		10,750	 10,750
Sub-total		24,381	24,381
Less: accumulated depreciation		23,309	 22,594
Net property and equipment	\$	1,072	\$ 1,787

# Note 6 – Paycheck Protection Program loans payable

# 2020 Paycheck protection program loan

During the 2020 fiscal year, LINC applied for and received \$491,107 under the Paycheck Protection Program ("PPP") which is a business loan program established under the Coronavirus Aid, Relief, and Economic Security Act. LINC had elected to record the proceeds as a liability until the loan was, in part or wholly, forgiven and LINC was legally released. LINC has spent all of the proceeds in accordance with the terms of the PPP loan program and this loan was forgiven in in its entirety during May 2021.

# 2021 Paycheck protection program loan

During the 2021 fiscal year, LINC applied for and received a second draw loan under the PPP totaling \$500,000 at substantially the same terms as the first draw under the PPP. LINC has elected to record the proceeds as a liability until the loan is, in part or wholly, forgiven and LINC is legally released. LINC believes it has spent all of the proceeds in accordance with the terms of the PPP loan program and expects to have the loan forgiven in its entirety during the 2022 fiscal year. Any amounts not forgiven are subject to interest at a fixed rate of 1% for a five year-term.

# Notes to Financial Statements (continued) June 30, 2021

# Note 7 – Net assets with temporary donor restrictions

The following is a summary of the activity of the net assets with temporary donor restrictions for the years ended June 30, 2021 and June 30, 2020:

Temporary Program/Purpose	Balance, June 30, 2020	Contributions and Grants	Net Assets Released from Restrictions	Balance, June 30, 2021
Mimi Levin Lieber Award Literacy support/timing Total	\$ 6,746 1,560,550 \$ 1,567,296	\$ - <u>1,091,000</u> \$1,091,000	\$ - (1,205,585) \$(1,205,585)	\$ 6,746 1,445,965 \$ 1,452,711
Temporary Program/Purpose	Balance, June 30, 2019	Contributions and Grants	Net Assets Released from Restrictions	Balance, June 30, 2020
Mimi Levin Lieber Award Literacy support/timing Total	\$ 7,496	\$ - <u>1,400,550</u> <u>\$1,400,550</u>	\$ (750) <u>(1,141,066)</u> <u>\$(1,141,816)</u>	\$ 6,746 1,560,550 \$ 1,567,296

# Note 8 – Mimi Levin Lieber Award

In connection with its 10th Anniversary Gala, LINC established and solicited donations for the Mimi Levin Lieber Award fund. Additional contributions to the fund were made in subsequent years. The contributions are to be used to provide cash awards to community partners in recognition of their efforts in support of early literacy. The awards are named in honor of LINC's Founder, Mimi Levin Lieber. The contributions are recorded as net assets with temporary donor restrictions, and the interest earned on such funds is without donor restrictions.

# Note 9 – Line of credit

LINC has available a \$200,000 revolving line of credit which is up for renewal annually. Any borrowings on the line of credit require interest at the bank's prime rate plus 2.0%. As of June 30, 2021 the interest rate was 5.25%. The line of credit is secured by certain of LINC's personal property, as outlined in the agreement. As of June 30, 2021, there were no outstanding borrowings.

# Notes to Financial Statements (continued) June 30, 2021

# Note 10 – Office lease agreements

LINC leases office space under two lease agreements. In addition to the monthly rent payments totaling \$6,010, LINC is also charged for electricity, storage and use of a conference room. In connection with the lease agreements, LINC has paid security deposits totaling \$14,626. Occupancy expense for the years ended June 30, 2021 and June 30, 2020 was \$100,872 and \$102,415, respectively. The leases expire at various dates through September 30, 2023.

The following is a summary of the future rent payments due as of June 30, 2021:

Fiscal year	Amount_
2022	\$ 72,120
2023	72,120
2024	18,030
Total	\$ 162,270

# Note 11 – Retirement plan

LINC maintains a tax-deferred annuity plan (the "Plan") for all eligible employees. Employees can make voluntary contributions to the Plan in accordance with Internal Revenue Code regulations. LINC makes discretionary contributions to the Plan up to 2% of employee compensation. The Plan expense for the years ended June 30, 2021 and June 30, 2020 was \$40,431 and \$38,626, respectively.

# Note 12 – Tax status

LINC is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"). In addition, LINC has been determined by the Internal Revenue Service to be a publicly supported organization and not a private foundation within the meaning of Section 509(a)(1) of the Code and qualifies for the maximum charitable deduction for donors.