# SCANNED DEC 1 2 2016

Form **990** 

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.lrs.gov/form990.

_				ending O	ON 30, 201	
В	app	ack if dicable	C Name of organization		D Employer ident	meation number
<u></u>	'لـــــ	Address change	VIRGINIA LITERACY FOUNDATION			
Ļ		Name change	Doing business as		54-	1444068
Ļ		nitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/surte	E Telephone numi	
Ļ		Final return/ termin-	413 STUART CIRCLE	303	804	-237-8909
۲-		ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	674,974.
Ļ		return Applica-	RICHMOND, VA 23220		H(a) Is this a group	
L	'لــــا	tion pending	F Name and address of principal officer. MARK EMBLIDGE			es? Yes X No
_			SAME AS C ABOVE		1 ' '	s included? Yes No
			mpt status:     501(c)(3)	or 527	4	a list. (see instructions)
			rganization: X Corporation Trust Association Other ▶	T. V	H(c) Group exemp	
			Summary	L Year	or formation. 1960	M State of legal domicile: VA
Ľ	T		Briefly describe the organization's mission or most significant activities: PROM	<u> </u>	TRRACV AMO	ING VIRGINIA
9	3	' E	RESIDENTS BY SUPPORTING PUBLIC LITERACY	PROGRA	MS ENHANC	TNG PRIVATE
Antimition & Constrance	2	_	Theck this box I if the organization discontinued its operations or disposit		<del></del>	<del></del>
	5					18
و	3		lumber of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
q	0					5 0
į			otal number of volunteers (estimate if necessary)		· · · · · F	0
ŧ	5		otal unrelated business revenue from Part VIII, column (C), line 12		🛏	
<	١,		let unrelated business taxable income from Form 990-T, line 34			ъ 0.
					Prior Year	Current Year
g	١	8 (	Contributions and grants (Part VIII, line 1h)		698,096	
Ē	를	9 F	Program service revenue (Part VIII, line 2g)	🛴	0	
	enilaeu	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,087	
		11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,409	
	4		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		700,592	
	ŧ		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	:	220,957	
	- 1	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		92,815	-1
3	ופ	15 S	Salanes, other compensation, employee benefits (Part IX, column (A), Ines 5-10)	<i>₩.</i> ⊢	92,813	
5	5	10a F	Professional fundraising fees (Part IX, column (A), line 11e)	1881 H		• • • • • • • • • • • • • • • • • • • •
Š	<u> </u>	17 C	otal fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11124e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<del>- 76.6</del> /	544,506	616,722.
	1	1/ U	otal expenses. Add lines 13-17 (must equal Part L. column (A), line 25)		858,278	
		10 1	Revenue less expenses. Subtract line 18 from line 12		-157,686	
7.0	8	19 7	Revenue less expenses. Subtract line 18 from line 12	Br	ginning of Current Yes	
ets (	<u>E</u>	<b>20</b> T	otal assets (Part X, line 16)		690,693	
Ass	8		otal liabilities (Part X, line 26)		89,067	
Net	<b>-</b> 1		Net assets or fund balances. Subtract line 21 from line 20		601,626	496,059.
Ī	Pai		Signature Block			
			ties of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is
tr	ue, c	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	has any knowledge.	
		ļ	Mul tustell		11111	16
S	ign	ł	Signature of officer		Data 1	
Н	ere	l	MARK EMBLIDGE, EXECUTIVE DIRECTIVE Type or print name and title			
-						
	.:4		Print/Type preparer's name  Preparer's signa  CHARON H  CHARON H			
	aid	<u>-</u>	SHARON H. HART SHARON H			
	repa se C	L	Firm's name FRANK J. BARCALOW, PLLC, Firm's address 10448 PARK TREE PLACE			
U	at (	····y	Firm's address 10448 PARK TREE PLACE GLEN ALLEN, VA 23060			
			Caraca (Approximately VAS & COO CO			

May the IRS discuss this return with the preparer shown above? (see instru LHA For Paperwork Reduction Act Notice, see the sep 532001 12-16-15 SEE SCHEDULE O FOR ORGANIZATION MI

	990 (2015) VIRGINIA LITERACY FOUNDATION	54-1444068	Page 2
Par	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE FOUNDATION'S PURPOSE IS TO PROMOTE LITERACY AMOUNG		'S
	OF VIRGINIA BY SUPPORTING PUBLIC LITERACY PROGRAMS, EN		
	LITERACY INITIATIVES AND ENCOURAGING STATEWIDE LITERAC	Y AWARENESS;	AND
	TO MAKE GRANTS AND AID TO SUPPORT THIS GOAL.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? <b>Yes</b>	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses,	and
_	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 698,854. including grants of \$ 163,819.) (Rev		)
	PROMOTE LITERACY AMONG VIRGINIA RESIDENTS BY SUPPORTIN		
	PROGRAMS, ENHANCING PRIVATE SECTOR LITERACY INITIATIVE	S AND ENCOURA	GING
	STATEWIDE LITERACY AWARENESS		
		***************************************	<del></del>
		<del></del>	
		·	
		~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
4b	(Code) (Expenses \$ including grants of \$ ) (Re	venue \$	)
		<del></del>	
		<del></del>	
		<del></del>	
		***************************************	<del></del>
		<del></del>	
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$) (Re	Venue \$	<u> </u>
	The state of the s		
			<del></del>
		<del></del>	
	Other and the Control of the Control		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 698,854.		
_ <u>4e</u> _	Total program service expenses ► 698,854.		000 (0045)
\$3200 12-16		Form	<b>990</b> (2015)

VIRGINIA LITERACY FOUNDATION Page 3 Form 990 (2015) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A  $\overline{\mathbf{x}}$ 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X dunng the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? X ...... If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ......... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ...... X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

Form **990** (2015)

18

X

1c and 8a? If "Yes," complete Schedule G, Part II

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

<b>~</b> ~	Old the averagination and are not as a control facilities O. If "Von " complete Cohodule U.	20a	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23		Х
<b>94</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
2.70	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u> </u>		<del></del>
·	any tax-exempt bonds?	24c	1	1
d		24d		<b></b> -
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		Х
ь	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			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
<b>3</b> 0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Į.	1	۱
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	l	۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34	<u> </u>	X
35a	, , , , , , , , , , , , , , , , , , , ,	35a	<del> </del>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	<b>├</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	w
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		w	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>

Page 5

Form 990 (2015)

532005 12-16-15 Form 990 (2015)

VIRGINIA LITERACY FOUNDA'I' LON

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u> </u>
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
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	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			١.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	↓
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l		i
	in Schedule O how this was done	12c	X	ļ
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	<b></b>
15	Did the process for determining compensation of the following persons include a review and approval by independent	[	Ì	}
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ "	ļ
а	The organization's CEO, Executive Director, or top management official	15a	X	₩
b	Other officers or key employees of the organization	15b	<del></del>	X
, -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-	Í	x
_	taxable entity during the year?	16a	<del> </del>	<del>  ^</del>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	}	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		ł
800	exempt status with respect to such arrangements?	16b	<u> </u>	1
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶VA			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat		
18	for public inspection. Indicate how you made these available. Check all that apply.	avallat	)IC	
	Own website			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	1C.( )	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE FOUNDATION - 804-237-8909			
	413 STUART CIRCLE; SUITE 303, RICHMOND, VA 23220			
53200	6 10 16 16	Forn	1990	(2015

### 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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F) Estimated amount of	
Name and Title	Average hours per		not c	heck	more	than s bot		Reportable compensation	Reportable compensation		
	week					y/trus		from	from related	other	
	(list any	ector		į				the	organizations	compensation	
	hours for related	Individual trustee or director	8	Ì	l	ated		organization	(W-2/1099-MISC)	from the	
	organizations	ruste	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		organization and related	
	below	dual	e log	<u>_</u> ا	e e	stco	<b>a</b>			organizations	
	line)	튵	靇	Officer	Key employee	E B	Former				
(1) JEANNIE BALILES	2.00										
CHAIRPERSON		X		X				0.	0.	0.	
(2) JANE BASSETT SPILMAN	2.00			Г							
VICE CHAIRPERSON		X		X				0.	0.	0.	
(3) TROILEN SEWARD	2.00										
TREASURER		X		X	<u></u>			0.	0.	0.	
(4) STEVE CLEMENTI	2.00										
BOARD MEMBER		X						0.	0.	0.	
(5) CYNTHIA COOPER	2.00										
BOARD MEMBER		X	L					0.	0.	0	
(6) PATRICIA DONNELLY	2.00	ļ									
BOARD MEMBER		X						0.	0.	0.	
(7) WILLIAM JIRANEK, MD	2.00		1		l						
BOARD MEMBER		X			ļ			0.	0.	0	
(8) MARCY SIMS	2.00								_		
BOARD MEMBER		X						0.	0.	0	
(9) HONORABLE MARK KEAM	2.00				1					_	
BOARD MEMBER		X			<u> </u>			0.	0.	0	
(10) DR. WILLIAM A HAZEL, JR.	2.00				Ì					_	
BOARD MEMBER		X			ļ			0.	0.	0	
(11) RUTH HAZEL LITTLE	2.00	.,									
BOARD MEMBER	2 00	X			ļ			0.	0.	0	
(12) JEFFREY HOLLAND BOARD MEMBER	2.00	.,	l							•	
(13) MARK EMBLIDGE	25.00	X			_			0.	0.	0	
EXECUTIVE DIRECTOR	23.00	x			ŀ			0.	EE EOO	15 400	
EXECUTIVE DIRECTOR		Α	_			-		U .	55,500.	15,429	
								1			
<del></del>		$\vdash$		-		$\vdash$					
	ļ										
		<u> —</u>		-		Н				· · · · · · · · · · · · · · · · · · ·	
	· <del></del>	-	-		H	Н					

532007 12-16-15

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe					
(A)	(B)			(C	•			(D)	<b>(E)</b>	(F)			
Name and title	Average		not d		more	than :		Reportable	Reportable	Estimated amount of			
	hours per week					s bot		compensation from	compensation from related	1 '	amouni othei		
	(list any	ctor			Г			the	organizations		mpens		
	hours for	ordire	u			ated		organization	(W-2/1099-MISC)	Ì	from th		
	related organizations	ustee	truste		 	Suadi	j	(W-2/1099-MISC)			rganiza and rela		
	below	individual trustee or director	Institutional trustee		를	st con		,			ganiza		
	line)	Indiv	Institu	Officer	Key	Highest compensated employee	Form						
					<u> </u>								
			ļ										
	<del> </del>	H	_	<u> </u>	<b> </b>	├	$\vdash$		· · · · · · · · · · · · · · · · · · ·	+			
	ļ	ł				ł				1			
		┢	<del>                                     </del>	<del> </del>	╁╌	$\vdash$				+			
		1											
		<del>                                     </del>	一			1							
		L	L	L	L		<u> </u>						
		[								1			
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>			┷			
	ļ	┨	i										
	<del> </del>	├	┡	┝	├	┼				+-			
	-	┨	ł					•	;	- 1			
		$\vdash$	╁╌	-	-	✝				+			
		1		]						1			
1b Sub-total							<b>&gt;</b>	0.	55,500	•	15,	429.	
c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.		•		0.	
						<u></u>	<u> </u>	0.	55,500	•	15,	429.	
2 Total number of individuals (including but r	not limited to the	nose	liste	ed a	bov	e) w	no re	eceived more than \$100	0,000 of reportable			O	
compensation from the organization											Yes		
3 Did the organization list any former officer	director or tr	nete	o ka	V AI	mnl	ovee	or	highest compensated e	employee on		+	1	
line 1a? If "Yes," complete Schedule J for s			C, K							3	1	X	
4 For any individual listed on line 1a, is the si			omp										
and related organizations greater than \$15										. 4		X	
5 Did any person listed on line 1a receive or										-			
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son		<u></u>		5	<u> </u>	X	
Section B. Independent Contractors							_		4400.000 *				
1 Complete this table for your five highest co										ensatio	n πom		
the organization. Report compensation for (A)	ine calendar	year	end	ing \	with	or v	71UTH	n the organization's tax (B)	year.		(C)		
Name and business	s address	N	ON	B				Description of	services	Com	pensat	ion	
										•			
							_						
	·												
					-		=						
2 Total number of independent contractors	(including but	not I	imite	ed to	o the	ose I	isted	d above) who received	nore than				
z rotal right bot or interpendent continues.													
\$100,000 of compensation from the organ						0					m <b>99</b> 0		

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII  (A)  (A)  (B)  (A)  (B)  (A)  (C)  (C)  (C)  (C)  (C)  (C)  (C	تتت			ains a response	or note to any lin	e in this Part VIII			
Business Code  2 a   Dec   Dec			Groom Goriegue O Corto	ama a response	or rioto to any lift	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code  2 a   Dec   Dec	nts	1 a	Federated campaigns .	. 1a					
Business Code  2 a   Dec   Dec	g g	b	Membership dues	··· · · · · · · · · · · · · · · · · ·					!
Business Code  2 a   Dec   Dec	ATT	C	Fundraising events	1c					
Business Code  2 a   Dec   Dec	돌호	d	Related organizations	· · -					,
Business Code  2 a   Dec   Dec	Sig.		_ ,	· -	200,000.				
Business Code  2 a   Dec   Dec	를 들	f	_						
Business Code  2 a   Dec   Dec	든된				473,660.				
Business Code  2 a   Dec   Dec	90					600 660			
2 a b c d d d d d d d d d d d d d d d d d d	O R	h	Total. Add lines 1a-1f			6/3,660.			
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  of contributions reported on line 1c). See  Part IV, line 18  a b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See  Part IV, line 19  b Less: cost of goods sold  b Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Net income or (loss) from gaming activities  11 a OTHER  9 00099  169.  169.  169.  1745.  1,145.  1	_	_			Business Code				•
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  of contributions reported on line 1c). See  Part IV, line 18  a b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See  Part IV, line 19  b Less: cost of goods sold  b Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Net income or (loss) from gaming activities  11 a OTHER  9 00099  169.  169.  169.  1745.  1,145.  1	je			<del></del>					
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  of contributions reported on line 1c). See  Part IV, line 18  a b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See  Part IV, line 19  b Less: cost of goods sold  b Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Net income or (loss) from gaming activities  11 a OTHER  9 00099  169.  169.  169.  1745.  1,145.  1	E S			<del></del>				<del></del>	<del> </del>
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  of contributions reported on line 1c). See  Part IV, line 18  a b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See  Part IV, line 19  b Less: cost of goods sold  b Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Net income or (loss) from gaming activities  11 a OTHER  9 00099  169.  169.  169.  1745.  1,145.  1	¥er 3				<u></u>				
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  of contributions reported on line 1c). See  Part IV, line 18  a b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See  Part IV, line 19  b Less: cost of goods sold  b Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Net income or (loss) from gaming activities  11 a OTHER  9 00099  169.  169.  169.  1745.  1,145.  1	Re	<u>a</u>		<del></del>					
g Total, Add lines 2a-2f  3 Investment noome (including dividends, interest, and other smilar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) c Royalties  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) e Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from fundraising events 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  8 Business Code 11 a OTHER 900099 169. 169. 1745.  1, 14	Pro	4	All other program senuce reve		<del></del>	· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>
3   Investment mocome (including dividends, interest, and other similar amounts)   1,145.			· -						
other smilar amounts)  Income from Investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal    Description   De									
4 Income from investment of tax-exempt bond proceeds 6 Royalties  (i) Real (i) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$\frac{1}{2}\text{ or other basis}} of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a OTHER 900099 169. 169. 169. 1745.		_	, -		-	1,145.	1		1,145.
(i) Personal   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal		4							
(i) Personal   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal		5		• •	,			**************************************	
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Cross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold to Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold to Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold 11 a OTHER 900099 169. 169.  169.  1745. 1859. 1869. 1879. 1			•						
C Rental income or (loss) d Net rental moram or (loss) 7 a Gross amount from sales of assets often than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a OTHER 900099 169. 169. 0 1,145.		6 a	Gross rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		b	Less: rental expenses						·
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses		С	Rental income or (loss)				ļ		
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses		d	Net rental income or (loss)		<u></u> .				
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 169. 169.  12 Total revenue. See instructions. 674,974. 169. 0. 1,145.		7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses  Gain or (loss)  Net gain or (loss)  Net gain or (loss)  B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses			assets other than inventory						Ì
Region or (loss)  Net gain or (loss)  Region or		b	Less cost or other basis						
d Net gain or (loss)									ľ
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a OTHER 900099 169. 169.  d All other revenue e e Total. Add lines 11a-11d		1			1				
including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER					<u> •  </u>			·	
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 169.  169.  d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions.  b Less: direct expenses b Less: direct expens	e E	8 a							
Part IV, line 18	Ven								
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 169. 169.  169.  169.  169.  169.  170tal revenue. See instructions.	æ								
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 169. 169.  169.  169.  169.  169.  170tal revenue. See instructions.	her				<del></del>				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 169.  169.  C d All other revenue e Total. Add lines 11a-11d	5				·				
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 169.  169.  All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.  674,974. 169.						·			
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 169. 169. 169. 169. 169. 169. 169. 16					!				1
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  900099  169.  169.  4 All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.  674,974.  169.		ь		_					1
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a OTHER 900099 169. 169.  b c d All other revenue e Total. Add lines 11a-11d			•						
and allowances a									
b Less: cost of goods sold b C Net income or (loss) from sales of inventory Niscellaneous Revenue Business Code 11 a OTHER 900099 169. 169. 169. 169. 169. 169. 169. 16									
Miscellaneous Revenue   Business Code		b							
11 a OTHER 900099 169. 169.  b C		С	Net income or (loss) from sale	s of inventory .					
b				ie					
c       d All other revenue         e Total. Add lines 11a-11d       ▶ 169.         12 Total revenue. See instructions.       ▶ 674,974.       169.		11 a	OTHER		900099	169.	169.		<b></b>
d All other revenue  e Total. Add lines 11a-11d  ▶ 169.  12 Total revenue. See instructions.  ▶ 674,974.  169.  0. 1,145.		b							
e Total. Add lines 11a-11d		С							
12 Total revenue. See instructions. ► 674,974. 169. 0. 1,145.		d				77		· · · · · · · · · · · · · · · · · · ·	
	,	_						^	1 1 1 1 1
				<u>,</u>		0/4,9/4.	169.	υ.	

Part IX Statement of Functional Expenses

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	and domestic governments. See Part IV, line 21	163,819.	163,819.	}	
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	j		1	
	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				
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				····
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes			<del></del>	
11	Fees for services (non-employees):	100 150	27 654	42.660	10 007
a	Management	100,150.	37,654.	43,669.	18,827.
ь	Legal	7,199.		7,199.	
C	Accounting	7,199.		7,199.	
đ	Lobbying			<del>+</del>	
e	Professional fundraising services. See Part IV, line 17			*	
- f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,			<del></del>	
9	column (A) amount, list line 11g expenses on Sch 0.)	ľ			
12	Advertising and promotion				
13	Office expenses	1,065.	426.	426.	213.
14	Information technology				
15	Royalties				·
16	Occupancy	10,965.	4,386.	4,386.	2,193.
17	Travel	72.	29.	29.	14.
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	OTHER LITERACY PROGRAMS	489,863.	489,863.		
b	MISCELLANEOUS	7,408.	2,677.	2,860.	1,871.
C					
d					
е	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24e	780,541.	698,854.	58,569.	23,118.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			ľ	
	Check here following SOP 98-2 (ASC 958-720)				
53201	0 12-16-15				Form <b>990</b> (2015

Form 990 (2015)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	650,851.	2	546,308
3	Pledges and grants receivable, net	18,333.	3	22,600
4	Accounts receivable, net		4	1,500
5	Loans and other receivables from current and former officers, directors,		ļ	
1	trustees, key employees, and highest compensated employees. Complete	· - ·		
1	Part If of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<b>2</b>	employees' beneficiary organizations (see instr). Complete Part II of Sch L	<del></del>	6	
STORE 7	Notes and loans receivable, net		7	
*   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	16,514.	9	14,197
10	a Land, buildings, and equipment: cost or other			
1	basis. Complete Part VI of Schedule D 10a 7,273. b Less: accumulated depreciation 10b 6,546.	Ô		707
1		0.		727
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	····	12	<u> </u>
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	4 005	14	
15	Other assets. See Part IV, line 11	4,995.	15	585,332
16	Total assets. Add lines 1 through 15 (must equal line 34)	690,693.	16	83,126
17	Accounts payable and accrued expenses	<del></del>	17	03,120
18	Grants payable	89,067.	18	6,147
19	Deferred revenue	03,007.	19	0,14/
20	Tax-exempt bond liabilities		20	<del> </del>
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္မ   22 မ်ို့	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		ŀ	
Liabilities 52			22	
5   <sub>23</sub>	Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties		23	, .,
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		İ	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	89,067.	26	89,273
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
ا م	complete lines 27 through 29, and lines 33 and 34.		1	
일   27	Unrestricted net assets	486,896.	27	486,836
ē   28	Temporanly restricted net assets	114,730.	28	9,223
29			29	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<del>-</del>	and complete lines 30 through 34.			
Net Assets or Fund Balances 22 28 29 30 31 35 32 32		m	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	· · · · · · · · · · · · · · · · · · ·
ž   33	·	601,626.		496,059
34	Total liabilities and net assets/fund balances	690,693.	34	585,332
				Form <b>990</b> (

	990 (2015) VIRGINIA LITERACY FOUNDATION	54-144	4068	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>74.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	<u>1,6</u>	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	49	6,0	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		1 1		1
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1.		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si	ngle Audit		_	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	1 1		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2015)

### 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

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.

➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			ACY FOUNDATI				4-1444000				
Part I	Reason for Public C	harity Status (/	All organizations must co	mplete thi	s part.) Se	e instructions.					
The organ	zation is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box.)						
1 🗀	A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	)(A)(i).					
2	A school described in section	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	0-EZ).)						
з 🔲	A hospital or a cooperative l					i).					
4 🔲	A medical research organiza						the hospital's name,				
	city, and state:										
5 🔲	An organization operated fo	r the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental unit describ	ed in				
	section 170(b)(1)(A)(iv). (C		,	·							
6 🗀	A federal, state, or local gov	**	nental unit described in	section 17	O(b)(1)(A)	(v).					
7 X											
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 🗔	An organization that normal				contributio	ons membershin fees a	nd gross receipts from				
• —	activities related to its exem	•	•	-							
	income and unrelated busin										
	See section 509(a)(2). (Cor		(leas section of trax) in	om busine	sses acqu	irea by the organization	and danced, is a				
10 🔲	An organization organized a	-	welv to test for nublic sa	fety See	ection 50	19/a\/4\					
11 🗔	An organization organized a	•		-			nurposes of one or				
· · · · · · · · · · · · · · · · · · ·	more publicly supported org										
	lines 11a through 11d that						MICON WIO DOX W				
- [	Type I. A supporting orga						, awina				
a ∟_	the supported organization	•	•								
	· · · · · · ·			a majority	or trie direc	ciois of trastees of the t	supporting				
	organization. You must o	=		tion with it	e eupport	ad organization(s), by ha	vina				
b L											
	control or management o			ame perso	ms mai co	miror or manage the sup	ported				
	organization(s). You mus	•				and 6 metionally integrat	and sumble				
с L_	☐ Type III functionally inte	•				-	eu wan,				
. —	its supported organization		•				ration(a)				
d L	☐ Type III non-functionally										
	that is not functionally int						iveness				
	requirement (see instruct	•	-								
e L.	Check this box if the orga					ı type i, type ii, type iii					
	functionally integrated, or	••	nally integrated support	ing organi	zation.						
	er the number of supported o										
	vide the following information			(iv) Is the o	ranization	(v) Amount of monetary	(vi) Amount of				
	(i) Name of supported organization	(ii) ElN	(described on lines 1-0	listed	n vour	aumant (ana	other support (see				
	organization		above (see instructions))	governing		instructions)	instructions)				
		······································	ļ	Yes	No						
		}					Ì				
	· · · · · · · · · · · · · · · · · · ·			<b></b>							
			Ì								
			ļ								
							ļ				
				ļ							
		1	!				ì				
							<u> </u>				
			1	1							
	·						ļ				
Total		i	1			İ	1				

## Schedule A (Form 990 or 990-EZ) 2015 VIRGINIA LITERACY FOUNDATION 54-14440 [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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	855,822.	892,559.	985,780.	698,096.	673,660.	4105917.
2	Tax revenues levied for the organ-						
	ızatıon'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			005 500	<b>500</b> 005	600 660	1405045
4	Total. Add lines 1 through 3	855,822.	892,559.	985,780.	698,096.	673,660.	4105917.
5	- In the second						
	by each person (other than a	<u> </u>					
	governmental unit or publicly	į					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			•		/	
_	column (f)						4105917.
	Public support. Subtract line 5 from line 4			<del></del>	l		4103917.
	ction B. Total Support	( ) 0044	7.0040	4.) 0040	(# 0044	(-) 0045	40 T-A-1
	indar year (or fiscal year beginning in)	(a) 2011 855,822.	(b) 2012 892,559.	(c) 2013 985, 780.	(d) 2014 698, 096.	(e) 2015 673,660.	(f) Total 4105917.
	Amounts from line 4	833,022.	032,333.	303,700.	030,030.	073,000.	#103317.
٥		1			1	}	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	978.	1,155.	453.	1,087.	1,145.	4,818.
۵	Net income from unrelated business	3,0.	1,133.	433.	1,007.	1,115	1,010.
9	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital	!					
	assets (Explain in Part VI.)	1,721.	1,355.	1,600.	1,409.	169.	6,254.
11	Total support. Add lines 7 through 10		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			4116989.
12		etc. (see instructi	ons)		· · · · · · · · · · · · · · · · · ·	12	<u> </u>
	First five years. If the Form 990 is fo			d, fourth, or fifth t	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and sto	_					
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	99.73 %
	Public support percentage from 2014					15	99.63 %
168	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			
ŧ	33 1/3% support test - 2014. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check ti	his box and <b>stop i</b>	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
ŀ	10% -facts-and-circumstances tes	st - 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publ	icty supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns
					Sche	edule A (Form 990	or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		}	1	}		ļ
include any "unusual grants.")					<u> </u>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513					4	<u> </u>
4 Tax revenues levied for the organ-			ļ	}	J.	ļ
ızation's benefit and either paid to or expended on its behalf						
5 The value of services or facilities				1		
furnished by a governmental unit to					1	
the organization without charge			<u> </u>		1	<u></u>
6 Total. Add lines 1 through 5	·····			1		
7a Amounts included on lines 1, 2, and				<del> </del>	1	<u> </u>
3 received from disqualified persons			1		1	
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support			<u> </u>	<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income					<u> </u>	
(less section 511 taxes) from businesses acquired after June 30, 1975					,	
c Add lines 10a and 10b			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
13 Total support. (Add lines 9, 10c, 11, and 12)	the erecipation	of first account 44:	rd fourth as feet	tov voor oo o oost	ion E01(a)(2) arran	ization
14 First five years. If the Form 990 is for	ule organization			-	ion son(c)(s) organi	ration,
check this box and stop here Section C. Computation of Publi	c Support Pe				· · · · · · · · · · · · · · · · · · ·	<b>.</b>
15 Public support percentage for 2015 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	9
16 Public support percentage from 2014					16	9
Section D. Computation of Inves			)			
17 Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	_ <del> </del>	17	9
18 Investment income percentage from 2	•	-			18	9
19a 33 1/3% support tests - 2015. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	_					
b 33 1/3% support tests - 2014, if the						
line 18 is not more than 33 1/3%, che	_					
20 Private foundation. If the organization			•	, , ,		
532023 09-23-15					hedule A (Form 99	0 or 990-EZ) 201
			15	<b>G</b> 5.		

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

1	Se	ction A.	All	Supporting Organia	zations

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	tes	NO
1	, ,	. !
		لـــ ا
1		
į		
-	-	1
2		<u> </u>
22	-	
Sa	<b>!</b>	<del></del>
	ł	
3b		· · · · · ·
_	į .	1
3c		
	1	١.
4a	•	
	<del></del>	
	Į.	1 :
		1
4b		
İ	1	1 :
ļ	l	1 ;
4c	L	L
		-
1		1
1	1	,
l	i_	1
5a	]	]
·	1	- '
<u>5b</u>	ļ	—
5c		<u> </u>
	1	}
}		:
1		Í
l	1	
6		
		1 -
l	1	1 :
	1	
7	<del>├</del>	+
_	-	
8		1
	1	
_	-	
9a	<u> </u>	<del>                                     </del>
L	1	
9b	1	1
	+	_
٠ ـ ا	-{	
9c	$\leftarrow$	<del> </del>
	1	ļ ,
1	1	1
40-	1	اا
10a	+-	+
ļ	<del> </del>	-
10b		<u> </u>
990 or 9	90-E2	) 2015

Pa	tV   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-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	1		T
	collection of gross income or for management, conservation, or			1
	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	ion B - Minimum Asset Amount		(A) Pnor 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):			
а	Average monthly value of securities	1a	•	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI):	1	<del></del>	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum 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-functional	ly-integra	ted Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

and 4c.

8

b

Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2016. Add lines 3|

	1 01111 000 01 000 EE	2010 1	LITERACY FO	ONDALLON	54-1444068 Pag
Part VI	Supplemental Ir Part IV, Section A, lin line 1; Part IV, Section	nformation. Provide es 1, 2, 3b, 3c, 4b, 4c, n D, lines 2 and 3; Part	the explanations required the explanations required to 5a, 6, 9a, 9b, 9c, 11a, 1V, Section E, lines 1c,	red by Part II, line 10; Part I1b, and 11c; Part IV, Sec 2a, 2b, 3a and 3b; Part V,	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, or any additional information.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	···				
	<u></u>				
				<del></del>	
					<del> </del>
					<del></del>
·					
		<del></del>			· · · · · · · · · · · · · · · · · · ·
					······································
		<u></u>			<del></del>
<del></del>			· · · · · · · · · · · · · · · · · · ·		
		·			
	. <del></del>				
	<del></del>				
<del></del>	<del></del>				

### **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.

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public --Inspection

**Employer identification number** Name of the organization VIRGINIA LITERACY FOUNDATION 54-1444068 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) Aggregate value at end of year ... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements **b** Total acreage restricted by conservation easements ... .. ... ... c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ...... \$

532051 11-02-15

b Assets included in Form 990, Part X

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

	dule D (Form 990		A LITERACY					<u>54-14</u>	4406	8 Pa	age 2
Par	t III Organi:	zations Maintaining C	ollections of A	rt, Historical T	reasures, c	r Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organi	ization's acquisition, accessi	on, and other record	ds, check any of th	e following tha	t are a si	gnificant i	use of its	collection	n item	ıs
	(check all that ap	pply):									
а	Public exh	ubition	c	Loan or ex	change progra	ms					
b	Scholarly r	research	€	Other							
C	Preservation	on for future generations									
4	Provide a descri	ption of the organization's co	ollections and explai	n how they further	the organization	on's exer	npt purpo	se in Par	t XIII.		
		did the organization solicit of									
		se funds rather than to be ma						$\square$	Yes		No
		and Custodial Arran						, Part IV,	line 9, or		
		an amount on Form 990, Pa									
1a	Is the organization	on an agent, trustee, custod	ian or other interme	diary for contribution	ons or other as	sets not	included				
	on Form 990, Pa			-					Yes		No
ь	If "Yes," explain	the arrangement in Part XIII						•••			
		J	•	3					Amoun		
С	Beginning balan	ce					1c	·			
		the year				• ••	1d				
e		atau aa <b>ata</b> aa aa aa aa					1e				
f	Ending balance						11				
2a	-	ition include an amount on F							Yes	$\neg \neg$	No
		the arrangement in Part XIII.						. —	_ 100		์ קֿ
Par	t V Endow	ment Funds. Complete	f the organization ar	swered "Yes" on	Form 990 Part	IV line 1	n				<del></del>
			(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	hack
1a	Beginning of year	ar halance	(a) contone you	(2) (10) (02)	10)		<u> </u>		10/	,	
b	Contributions							-,, -,,			
_		eamings, gains, and losses	· · · · · · · · · · · · · · · · · · ·		<del></del>						
ا		arships			+						
•											
е	Other expenditu			1	1	- {			{		
									<del> </del>		
T		expenses	<del></del>	<del></del>			······				
g		ince	L	L					L		
2		mated percentage of the cur	rent year end baland		(a)) held as:						
a	_	ed or quasi-endowment		_%							
Ь	Permanent endo		%								
C	• •	tricted endowment	%								
		s on lines 2a, 2b, and 2c sho									
3a	Are there endow	vment funds not in the posse	ession of the organiz	ation that are held	and administe	red for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated or	ganizations							3a(i)		
	(ii) related orga	nizations							3a(ii)		
b		3a(ii), are the related organiza			??				3b		<u>L</u>
4		XIII the intended uses of the		owment funds.							
Par	<u>t VI</u> Land, E	Buildings, and Equipn	nent.								
	Complete	e if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a	See Form 990	, Part X,	line 10.				
	Descri	ption of property	(a) Cost or o	, , ,	st or other		cumulate	ed	(d) Boo	k valu	e
			basis (investi	ment) basi	s (other)	dep	reciation				
1a	Land				1						
b	Buildings										
c	Leasehold impro	overnents						$\Box \Box \Box$			
đ	Equipment				7,273.		6,5	46.		7	<del>27.</del>
е	Other	··········									
		much 1e (Column (d) must e	gual Form 990 Pari	X column (B) line	1001					7	27.

Schedule D (Form 990) 2015

532053 09-21-15

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Pert IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization				·			Employer identification number
		FOUNDATION					54-1444068
Part I General Information on Grants at	nd Assistance						
<ol> <li>Does the organization maintain records t</li> </ol>	o substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis	tance?						X Yes No
<ol><li>Describe in Part IV the organization's pro</li></ol>	cedures for mon	toring the use of gran	t funds in the Unite	d States			
Part II Grants and Other Assistance to I	Domestic Organ	izations and Domest	ic Governments, C	omplete if the org	anızatıon answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	5,000 Part II ca	n be duplicated if addi	tional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRACON FOR ADULT LITERACY							
9535 LINTON HALL ROAD		1					
BRISTOW, VA 20136		501C3	7,500	0 .		ł	LITERACY EFFORTS
	· · · · · · · · · · · · · · · · · · ·		7,300.			<del> </del>	DITERACT EFFORTS
LITERACY COUNCIL OF NORTHERN			1			i	İ
VIRGINIA - 2855 ANNANDALE ROAD -		1	Ĭ I			l	t
FALLS CHURCH, VA 22042		501C3	10,000	0.		1	LITERACY EFFORTS
		<del> </del>			•	<del> </del>	
SKYLINE LITERACY, INC.		1	-				}
975 S. HIGH STREET							
HARRISBURG, VA 22801		501C3	7,500.	0.			LITERACY EFFORTS
COMMONWEALTH CATHOLIC CHARITIES							
1601 ROLLING HILLS DRIVE		1					1
RICHMOND, VA 23229		501C3	. 0.	0.		i	LITERACY EFFORTS
LITERACY VOLUNTEERS OF		<u> </u>				1	
AMERICA-PRINCE WILLIAM COUNTY,			1				
INC 4326 DALE BLVD -			1			1	i
WOODBRIDGE, VA 22193		501C3	10,000.	٥.			LITERACY EFFORTS
LITERACY VOLUNTEERS OF			<b>—</b>				
CHARLOTTESVILLE, ALBEMARLE - 233			1				}
4TH STREET, NW - CHARLOTTESVILLE,		1	1 !				1
.VA -22903		501C3	7,500.	0.			LITERACY EFFORTS
2 Enter total number of section 501(c)(3) as	nd government o	rganizations listed in th	he line 1 table				<b>&gt;</b>
3 Enter total number of other organizations	listed in the line	1 table					<u> </u>
LHA For Paperwork Reduction Act Notice,	see the Instruc	tions for Form 990.				-	Schedule I (Form 990) (2015

532101 10-2**8**-15

5	A	_	1	4	4	4	n	6	R
J	4	_	Ŧ	*	*	4	U	o	o

chedule ((Form 990) VIRGINIA I Part II Continuation of Grants and Other A		FOUNDATION	mizations in the 11	nited States (Scho	adula I (Form 900) 12		4-1444068 F
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE							
NICHMOND, VA 23229  ROGER IMMIGRANT SERVICES, CATHOLIC  CHARITIES OF THE DIOCESE OF  ARLINGTON - 8251 SEOPPERS SQUARE -		501C3	7,500.	0,	·		LITERACY EFFORTS
MANASSAS, VA 20111		501C3	7,500.	0.			LITERACY EFFORTS
LOUDOUN LITERACY COUNCIL 17 ROYAL STREET SW							
LEESBURG, VA 20175		501C3	7,500.	0.		<del> </del>	LITERACY EFFORTS
RITA WELSE ADULT LITERACY PROGRAM, INC, - 301 MONTICELLO AVENUE -				!			
WILLIAMSBURG, VA 23187		501C3	0.	0.		<del></del>	LITERACY EPPORTS
LITERACY FOR LIFE WILLIAMSBURG 301 MONTICELLO AVENUE							
WILLIAMSBURG, VA 23187		501C3	10,000.	0.			LITERACY EFFORTS
	- <del></del>	ļ					

Schedule I (Form 990)

532241 04-01-15

	(Form 990) (2015) VIRGINIA LI	54-1444068 Pag					
Part III	Grants and Other Assistance to Domestic Indi Part III can be duplicated if additional space is ne	viduals. Complete if the seded.	organization ansv	vered "Yes" on Form 9	990, Part IV, line 22		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
			···				
			· · · · · · · · · · · · · · · · · · ·				
D	7 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 5 414	- 0 D + III - 1	4			
Part IV	Supplemental Information. Provide the information	uon reguired in Parti, lin	e 2, Part III, colum	n (b), and any owner a	dditional information		· · · · · · · · · · · · · · · · · · ·
	<del></del>		<del></del>	······		***************************************	· · · · ·
		· · · · · · · · · · · · · · · · · · ·	<del></del>		·····		
<del></del>		<del></del>			· · · · · · · · · · · · · · · · · · ·		
				<del></del>			
				,			
					,		
532102 10-	28-15		31			Schedule I (For	m 990) (2015)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. **Employer identification number** 

VIRGINIA LITERACY FOUNDATION	54-1444068
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SECTOR LITERACY INITIATIVES, AND ENCOURAGING STATEWIDE LI	TERACY
AWARENESS	
FORM 990, PART VI, SECTION B, LINE 11:	
DISSIMINATED PRIOR TO FILING OF 990	
FORM 990, PART VI, SECTION B, LINE 12C:	
UPDATED ANNUALLY	
FORM 990, PART VI, SECTION B, LINE 15A:	
APPROVAL BY BOARD AND COMPARABLE DATA USED	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
	·····

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)