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Department of the Treasury

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

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

2009 Open to Public

OMB No 1545-0047

	nai Revenue.	27/24/22		rements.	inspection
		calendar year, or tax year beginning 07/01/09 and ending 06/30/10	U ,		
	Check if applicable	luce IDC i		D Employ	yer Identification number
X A	Address change	label or Country, Inc.		44	1710050
١	Name change	print or Doing Business As			1710952
	nıtıal retum	type. Number and street (or P O box if mail is not delivered to street address)  See 325 Main Street	Room/suite		one number
		Specific 325 Main Street		845	<del>-452-8670</del>
	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 268,004
<b>□</b> /	Amended return	tions.   Poughkeepsie NY 12601			
$\Box$	Application pendi	ng F Name and address of principal officer		H(a) Is this a	group return for
		Margaret Pfaff, Exec. Dir.		affiliates	
				H(b) Are all a included	Yes No
					attach a list. (see instructions)
1	Tax-exempt s	tatus <b>X</b> 501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527			
J	Website:	literacyconnections.org		H(c) Group e	xemption number
K	Type of organiza	tion X Corporation Trust Association Other > L Y	ear of formation		State of legal domicile NY
*********	***************************************	Summary			
-		y describe the organization's mission or most significant activities			
_		,	•	•	
ž		•			• •
E				•	•
<u>8</u>	2 Check	k this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25	504 of its not ass	ente	• •
ဖွံ		per of voting members of the governing body (Part VI, line 1a)	70 UI ILS HEL ASS	1 1	11
<b>త</b>		· · · · · · · · · · · · · · · · · · ·	•	. 3	11
Activitles & Governance		per of independent voting members of the governing body (Part VI, line 1b)	•	4	9
Ę.		number of employees (Part V, line 2a)		5	9
٧		number of volunteers (estimate if necessary)		6	<del></del>
		gross unrelated business revenue from Part VIII, column (C), line 12		7a	
2010	b Netu	nrelated business taxable income from Form 990-T, line 34	D-i V	7b	0
70	9 Contr	thuttons and grants (Part VIII line 4h)	Prior Yea	4,290	260,385
		ibutions and grants (Part VIII, line 1h)	29.	1,290	200,303
C () 4	_	am service revenue (Part VIII, line 2g)	٠	) F20	E 500
ပ≨်		tment income (Part VIII, column (A), lines 3, 4, and 7d)		9,528	5,590
DEC Rev		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,771	2,029
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31	6,589	268,004
SCANNED Expenses		s and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u> .	
۳ ا		fits paid to or for members (Part IX, column (A), line 4)			
Z s		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21:	5,107	204,453
Smi		ssional fundraising fees (Part IX, column (A), line 11e)			
S) Ap		fundraising expenses (Par IX, column (P) Fine 25) 1,559			
ш	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0,251	70,160
	18 Total	expenses. Add lines 13-17 must equal Part X2 column (April 125)	29	5,358	274,613
	l 19 Revei	nue less expenses. Subtract line 18 from line 12		1,231	<u>-6,609</u>
Net Assets or Fund Balances		00000	Beginning of Cur		End of Year
sset afar	20 Total	assets (Part X, line 16) OGDEN, UT		5,073	361,660
et A	21 Total	liabilities (Part X, line 26)		8,693	11,889
<u> </u>	<b>22</b> Net a	ssets or fund balances Subtract line 21 from line 20	35	6,380	349,771
_ <u>_P</u>	art II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and belief of its true period to be period t	and statements, a	and to the bes	t of my knowledge
	i	and belief this true princed, and complete Declaration of preparer (other their officer) is based on all info	ormation of which	preparenhas a	apy knowledge
Sig	n	19/1/weeper of the			100.12,201
He	re i	Signature of officer	•	Date	
		Margaret Pfaff Execu	tive Di	ector	
		Type or print name and title			
		Propagate Date	Check	if	Preparer's identifying number
Pai	d	Preparer's signature 10/0:	l colf	. $\square$	(see instructions) P00020593
Pre	parer's	Sedore and Company, CPAs	3/10 employ		14-1698408
Us	e Only	OCTO CONTRACTOR 1		EIN ►	14-1030400
	-			Phone	845-485-5510
	100 -			no 🕨	
		scuss this return with the preparer shown above? (see instructions)			Yes No
DAA	Filvacy AC	t and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)

			nnections- ram Service Acc		14-171095			Page 2
		the organization's i		omplishments		<del></del>		
•	blieny describe	tile organization's i	iiiissioii.					
	•		• •				• ••	
			•	•	•		• •	
		•		· · ·	•			•
2	Did the organiz	ation undertake any	significant program	services during the year w	hich were not listed on			
	the prior Form						Yes	s 🗓 No
_		e these new servic						
3		ation cease conduc	ting, or make signific	ant changes in how it cond	lucts, any program		□ <b>v</b>	s X No
	services?	be these changes or	n Schedule O	•			Tes	; A NO
4		•		the organization's three la	rgest program services l	ov expenses.		
•				on 4947(a)(1) trusts are re				
				any, for each program se		am or gramo and		
					·			
	(Code:	) (Expenses \$	225,20	1 including grants of \$		) (Revenue \$		
N	/A				•			-
							•	-
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			•		•	•		
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						••		•
							<del> </del>	
4b	(Code:	) (Expenses \$	•	including grants of \$		) (Revenue \$ .		·
						•		
			٠		••			
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		•				•		
4c	(Code.	) (Expenses \$		including grants of \$		) (Revenue \$		
	(0000.	/ (Expenses w	• •	moduling grants or w	•	) (Itevellue ψ	•	•
	• •		••	•	• • • •		•	••
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		• •		•				
			••					
				•		• •		
					•		•	

(Expenses \$

4d Other program services (Describe in Schedule O )

4e Total program service expenses ▶

including grants of \$ 225,201

) (Revenue \$

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form	990 (2009) Literacy Connections-Dutchess 14-1710952					Pa	<u>age 3</u>
Pa	art 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2		<u> </u>
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					l	
	complete Schedule D, Part I			l	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					ŀ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				_7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					ł	
	complete Schedule D, Part III				8		<u> </u>
9	Did the organization report an amount in Part X, line 21; 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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI.						
•	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.						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					l	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse	es					
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				4.0	v	
404	Schedule D, Parts XI, XII, and XIII			<u></u>	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	404	Yes	No X			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A			40		v
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		
b					446		v
4 5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		•		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				45		v
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				40		v
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	•		.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				4-		~
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				40	Ţ	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						l

19? Note. All Form 990 filers are required to complete Schedule O.

	art IV Checklist of Required Schedules (continued)			age 4
	art IV Checklist of Required Schedules (continued)	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	NO
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
c				
Ī	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		1		
	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			
_	pnor 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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,	<u> </u>		
	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				
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
•	Part i	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b></b>
	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, Parts II,			
	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R. Part V. line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		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,	1		
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Pa	at V Statements Regarding Other IRS Filings and Tax Compliance					
	<u></u>				Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,					
	U.S. Information Returns. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	·			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortabl	e			
_	gaming (gambling) winnings to prize winners?	· I		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0			
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	9	ł i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
20	Instructions)	ر الما				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	o by				•
<b>L</b>			• •	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	anciai				v
h	• • • • • • • • • • • • • • • • • • • •			4a		X
b	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign F	) amle	•			
	and Financial Accounts.	Dalik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	hon?		5a		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			5b		
٠	Prohibited Tax Shelter Transaction?	iruing		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	•	36		
Vu	organization solicit any contributions that were not tax deductible?	5		6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	•	Ua		
_	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?	0000		7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe		1			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		•	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as	•••			
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del> </del>			
11	Section 501(c)(12) organizations. Enter:	,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				i

14-17	109	52			
"Yes" respon	se to	lines	2 through	า 7b	b

	1990 (2009) Literacy Connections-Dutchess 14-1/10952		<u> </u>	age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or 10b below, describe the circumstances.	below, ar r changes	nd in	
	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		X
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 organizational documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 ~-	Does the organization have members or stockholders?	6		X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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?	. <u>8b</u>	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Nev	enue Code.)			
40-	Done the accompanies have lead shorters have been as #60-1-0	[	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	. 10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			₹.
11a	•	11		X
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		*
_	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
_	$\cdot$	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0		
13	describe in Schedule O how this is done	12c		
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13		X
15		·-/ <u>14</u>		
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official			₩.
a b	Other officers or key employees of the organization	15a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	400		v
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		<u> </u>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	406		
Sec	tion C. Disclosure	16b		
<u>360</u>	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
13	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: Bookkeeper 325 Main Street			
P	oughkeepsie NY 12601	845-45	2-8	670
				_, _

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

#### 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. Use Schedule J-2 if additional space is needed.
- 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. 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

X Check this box if the organization		nsat T	e an			offic	er, d				
(A) Name and Title	(B) Average hours per			chec		that a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week	individual trustee 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	
Bob Burnswick											
Treasurer Jackie Chatfield		X		X			$\vdash\vdash$	0	0	0	
Secretary		x		x				o	0	0	
Terrence Dwyer		<u> </u>		^					<u> </u>	0	
101101101 1111		x						o	0	0	
Kate Donham		x						0	0	0	
Dee Jakobsen		x						0	0	0	
Craig Lancaster		x						0	. 0	0	
George Mann		x						0	0	0	
John Marmillo		x						0	0	0	
Alta Rodriguez Co	leman	x		x				0	0	0	
Charles Scully		x						0	0	0	
Dr. Jan Stivers		x						0	0	0	

Name and Title  Average hours per week  Ording to the compensation from from the organ	(E) ortable ensation related nizations 099-MISC)		(F Estima amoui othi compen from organiza and rei organiza	ated nt of er sation the ation ated	
Total  Total  Total  Total Tot	nizations		compen from organiz and rei	sation the ation ated	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in		<u> </u>			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in					
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in				_	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in		ļ			
reportable compensation from the organization ▶ 0	. <del></del>				
		_		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			3		X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			4		x
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			5		X
Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,00	00 of				
compensation from the organization  (A)  Name and business address  (B)  Description of services			Ca	(C) mpens	ation
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶			0		

Form 990 (2009) Literacy Connections-Dutchess

Pa	rt V	III Stater	ment of Reve	enue						
	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated car	mpaigns	1a		19,308		revertue		312, 313, 01 314
gra	b	Membership of	dues .	1b						
ts,	C	Fundraising e	vents	1c		18,794				
뺽	d	Related organ	nizations .	1d						
ns,	е	Government grants	(contributions)	1e		209,456				
Contributions, gifts, grants and other similar amounts	f	All other contribution and similar amounts	ns, gifts, grants, s not included above	1f		12,827				
nd it	g	Noncash contribution	ons included in lines 1a-	-1f	\$					
Ů B	<u>h</u>	Total. Add line	es 1a–1f			<u> </u>	260,385	· · · · · ·		
Program Service Revenue						Busn Code			**************	
ě.	2a									
9 P	ь				•					
ž	С									<del></del>
Se	d									
ran	е									
rog		_	ram service reve	nue		<u> </u>				
<u>-</u>		Total. Add line				<u> </u>				<del></del>
	3		come (including	dıvıden	ds, intere	st, and				
		other similar a	•				5,590			5,590
	4		nvestment of tax	(-exem	pt bond p	roceeds 🕨	<del> </del>		<u>-</u>	· · · · · · · · · · · · · · · · · · ·
	5	Royalties				<u> </u>				·····
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps			<u> </u>					
	С	Rental inc or (loss)	L							
	d	Net rental inco				<u> </u>				
	7a	Gross amount from sales of assets	(ı) Secunties	s	(11)	Other				
		other than inventory					:			
	þ	Less cost or other								`
		basis & sales exps								<b>,</b>
	С	Gain or (loss)								
	d	Net gain or (lo	oss)			<b>•</b>				
	8a	Gross income fr	om fundraising eve	ents				-		
		(not including \$								
8		of contributions	reported on line 1c)	)						
r.		See Part IV, line	· 18	а						
Other Revenu	b	Less: direct ex	xpenses	b						
0	С	Net income or	(loss) from fund	draising	events	<b>•</b>				
			om gaming activitie	r						
		See Part IV, line		а					-	
	ь	Less: direct ex	xpenses	ь						
	С	Net income or	r (loss) from gam	ning ac	tivities	<b>•</b>				
			f inventory, less	- 1						
		returns and al	lowances	а						
	b	Less: cost of	goods sold	Ь						
			(loss) from sale	s of in	ventory	<b>•</b>		į		
			ellaneous Revenue			Busn. Code	,-			
	11a	Miscellar	neous Revenue	98			2,029		]	2,029
	b	•	•	•			,			
	С	•	• •	- • •						
	d	All other rever	nue .							
	е	Total. Add line	es 11a–11d				2,029			
	12		ie. See instructio	ns		. ▶	268,004	0	0	7,619

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- CAPONISCO	general expenses	ехрепоез
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				······································
-	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<del></del>			
•	trustees, and key employees				
6	Compensation not included above, to disqualified	<del></del>			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	171,669	145,981	25,688	
8	Pension plan contributions (include section 401(k)			23,000	
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	32,784	27,866	4,918	
11	Fees for services (non-employees)	02,702		3,310	
	Management			1	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	18,042	12,957	5,085	
12	Advertising and promotion	20/012		3,003	
13	Office expenses		-		
14	Information technology				
15	Royalties				
16	Occupancy	11,284	7,000	4,284	
17	Travel	4,175	4,175	1,201	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	657	657		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,349		2,349	-
		-,		=,===	
24	Other expenses Itemize expenses not				
-	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )			1	
а	Supplies and Materials	22,482	20,462	2,020	<del></del>
ь	Miscellaneous Expenses	4,562		3,003	1,559
c	Postage and Printing	4,237	4,052	185	
ď	Telephone Expense	2,372	2,051	321	
e				<u> </u>	·
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	274,613	225,201	47,853	1,559
<u> </u>	Joint costs. Check here ▶ ☐ If following			, , , , , , , ,	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

	•	(A)	(B)
Т.		Beginning of year	End of year
1		86,957	56,23
2	Savings and temporary cash investments	11 054	2 20 06
3	Pledges and grants receivable, net	11,254	3 30,96
4	Accounts receivable, net		4
5	Receivables from current and former officers, directors, trustees, key		
1	employees, and highest compensated employees Complete Part II of		
١.	Schedule L		5
6	Receivables from other disqualified persons (as defined under section		
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		
ı I	Part II of Schedule L		6
7	Notes and loans receivable, net	-	7
7 8	Inventones for sale or use	384	8 384
9	Prepaid expenses and deferred charges		9
10	a Land, buildings, and equipment, cost or		
	other basis. Complete Part VI of Schedule D 10a 89,1		
1	Less: accumulated depreciation 10b 89,1		10c
11	Investments—publicly traded securities	266,478	11 273,480
12	Investments—other secunties See Part IV, line 11		12
13	Investments—program-related See Part IV, line 11		13
14	Intangible assets		14
15	Other assets See Part IV, line 11		15 600
16	Total assets. Add lines 1 through 15 (must equal line 34)	365,073	16 361,660
17			17 8,542
18	Grants payable		18
19	Deferred revenue		19
20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability Complete Part IV of Schedule D		21
21 22	• •		
	employees, highest compensated employees, and disqualified		
H	persons. Complete Part II of Schedule L	1	22
23	•	<del></del>	23
24	Unsecured notes and loans payable to unrelated third parties		24
25	·		25 3,34
26	Total liabilities. Add lines 17 through 25		26 11,889
$\overline{}$	Organizations that follow SFAS 117, check here ▶ X and	3,055	20 11,00.
	complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	356,380	349,771
28		330,380	
29			28
23	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ □		29
:			
27 28 29 30 31 32 33	and complete lines 30 through 34.	1	
30			30
31			31
32		356,380	32 349,771
33		· <56 <20	33   349,771

Form **990** (2009)

om	1990 (2009) Literacy Connections-Dutchess 14-1710952		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Literacy Connections-Dutchess County, Inc.

Employer identification number 14-1710952

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check 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 section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (I) Name of supported (vii) Amount of the organization in anization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes

1	Λ	_	1	7	1	Λ	۵	5.	2	
1	-	_	1	•	_	u	7	ے.	_	

Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 234,910 263,974 241,591 740,475 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 234,910 263,974 241,591 740,475 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 740,475 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 7 234,910 263,974 241,591 740,475 Gross income from interest, dividends. payments received on secunties loans, rents, royalties and income from similar 8,361 19,528 5.590 33,479 sources Net income from unrelated business activities, whether or not the business is 1.029 1,029 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 2,771 2,029 4,800 (Explain in Part IV.) 11 Total support. Add lines 7 through 10 779,783 12 Gross receipts from related activities, etc (see instructions) 67,804 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 94.96% Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

14-1710952

Page 3

Schedule A (Form 990 or 990-EZ) 2009 Literacy Connections-Dutchess

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.)

Public Support

	tion A. Public Support			•			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		_				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
500	tion B. Total Support	L		L	<u> </u>	<u></u> j	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(a) 2005	(b) 2000	(6) 2007	(4) 2008	(e) 2009	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
Sec	organization, check this box and stop her tion C. Computation of Public Si		tage	•			
15	Public support percentage for 2009 (line 8					15	%
16	Public support percentage from 2008 Sch	• • •	•			16	<u> </u>
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I		•••	3, column (f))		17	%
18	Investment income percentage from 2008			(),	• • •	18	%
19a	33 1/3 % support tests—2009. If the orga		•	e 14, and line 15 is	s more than 33 1/3	<u> </u>	·
	17 is not more than 33 1/3 %, check this t						▶ □
b	33 1/3 % support tests—2008. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check t		_	•		•	▶ □
20	Private foundation. If the organization did	d not check a box o	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	<u></u> ▶ ∐

						s-Dutchess		14-17109	52	Page 4
Part IV	Suppleme Part II, line	e <b>ntai Inform</b> e 17a o <u>r 17</u> 1	a <b>tion</b> . Com b; and Part	iplete this III, line 1	s part to pr 2. Provide	ovide the expla any other addi	anations re tional info	equired by Part rmation. See ir	II, line 10; structions.	
Part I	I, Line							<del></del>		
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection. Name of the organization Employer identification number Literacy Connections-Dutchess County, Inc. 14-1710952 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (duning year) 4 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 conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements. 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

che	dule D (Form 990) 2009 Literacy C	.onnections-D	utcness		<u> 14-1/</u>	10952			Page 2	<u>Z</u>
Pa	ut 相	Collections of Art, I	listorical Trea	sures,	or Other	Similar Ass	ets (co	ntinue	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, chec	k any of the follow	ng that ar	re a significa	ant use of its				_
а	Public exhibition	d Loan or	exchange program	ms						
b	Scholarly research	e Other								
С	Preservation for future generations						_			
4	Provide a description of the organization's colle Part XIV.	ections and explain how th	ney further the orga	anızatıon's	s exempt pu	rpose in				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art, h	istoncal treasures, ne organization's c	or other sollection?	sımilar		Г	Yes	∏ No	,
Pa	rt W Escrow and Custodial Arrai					"Yes" to Fo	rm 990			_
	IV, line 9, or reported an ame					.00 10 10	000,	,		
1a	Is the organization an agent, trustee, custodiar		•	her asset	s not					-
	included on Form 990, Part X?	Tor ourse intermediary for	CONTRIBUTIONS OF OU	1101 45501	51100			Yes	□ No	
h	If "Yes," explain the arrangement in Part XIV as	 nd complete the following	tahla	•	·	•	·	] 163		,
J	is res, explain the arrangement in rait XIV at	nd complete the following	table.				Δn	nount		
_	Reginning halance					10		Tourit		
	Beginning balance					. 1c				
	Additions during the year	•		••		1d				
	Distributions during the year .			•	•	1e				
	Ending balance			•		. [1f]		<del></del> -	<del></del>	
	Did the organization include an amount on For	m 990, Part X, line 21?	•					Yes	∐ No	)
	If "Yes," explain the arrangement in Part XIV.		1 (0 / 1)		^^^					_
Pa	rt V Endowment Funds. Comple					•				_
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years	back (e)	Four ye	ears back	_
1a	Beginning of year balance			<u> </u>						
b	Contributions			ļ		······································				
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships			<u> </u>						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		-							-
g	End of year balance			T				***************************************		
2	Provide the estimated percentage of the year e	end balance held as:		<del>'</del>						_
а	Board designated or quasi-endowment ▶	%								
	Permanent endowment ▶ %	'								
	Term endowment ▶ %									
	Are there endowment funds not in the possess	on of the organization the	at are held and add	ninistered	l for the					
	organization by:	.c or and organization the	GIO HOIG GIIG GUI					Г√	es No	_
	(i) unrelated organizations						٦.		23 140	_
	(ii) related organizations				•		·	Ba(i)		_
<b>L</b>	If "Yes" to 3a(II), are the related organizations I	leted as required on Saha	dulo P2	•	•			a(ii)	-	-
		•				•	. L	3b		-
4 P≘	Describe in Part XIV the intended uses of the cart VI Investments—Land, Buildin			n Part	X, line 10	<u> </u>				_
<u>, d</u>	Description of investment	(a) Cost or other basis	(b) Cost or ot				141	Book wa	duo	-
	Description of thresultent	(investment)	basis (other			umulated eciation	(0)	Book va	iiue	
_	Load	(mrosunent)	Jasis (Olle	'		Joiation				_
	Land		<del>                                     </del>							_
	Buildings				•					_
	Leasehold improvements					00 105				_
	Equipment		89	,191	<del></del> .	89,191				_
	Other .		<u> </u>				-			_
otal	<ol> <li>Add lines 1a through 1e. (Column (d) must eq</li> </ol>	ual Form 990, Part X, colu	ımn (B), line 10(c)	) .		<b>•</b>				

Schedule D (Form 990) 2009 Literacy Connections-		14-1710952	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial denvatives			
Closely-held equity interests			
Other			
			<del></del>
<del>-</del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
	<del>                                     </del>	Cost of end-of-year market	value
<del></del>			
	+		
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(1)	) Book value
	<del></del>		
	<del>,</del> .		
		·	
	-		······································
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	·
Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability			<u></u>
(a) Description of liability  Federal income taxes	(b) Amount		
Compensated Absences	3,347	•	
	3,347		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )	3,347		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the orga	nization's financial statemen	ts that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 Literacy Connections-Dutchess	}	<u> 14-17109</u>	<u>52</u>	Page 4
P£	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial State	ments	;
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	268,004
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	274,613
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-6,609
4	Net unrealized gains (losses) on investments		•	4	
5	Donated services and use of facilities		• •	5	
6	Investment expenses	•	••	6	
7	Pnor penod adjustments		• ••	7	
8	Other (Describe in Part XIV.)	•		8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-6,609
Pa	Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	268,004
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	·		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		7 1	
d	Other (Describe in Part XIV.)	2d		1	1 1
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	•		3	268,004
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			
b	Other (Describe in Part XIV.)	4b		7 1	
С	Add lines 4a and 4b			7 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	268,004
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per	Retur	
1	Total expenses and losses per audited financial statements		•	1	274,613
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
а	Donated services and use of facilities	2a		1	
b	Pnor year adjustments	2b		1	
С	Other losses	2c	<u> </u>	7 :	
d	Other (Describe in Part XIV.)	2d		7 ]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	274,613
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV.)	4b		7 1	Ĭ
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		• • • 	5	274,613
	<b>ALLY Supplemental Information</b>				<del> </del>
	ort XIV Supplemental Information solute this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, III	nes 1a a	and 4; Part IV, lines 1b		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, III				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, III				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.				 
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			 	 
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			 	
Com and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			 	
Com and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			  	
Com and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			  	
Com and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.			  	
Com and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines.				

Schedule D (F	orm 990) 200	9 Li	itera	acy (	Connec	ctio	ns-l	Duto	hes	S	14	-17	109	52		Page <b>5</b>
Schedule D (F	Supplen	nental l	Inform	ation (	continu	ed)					-					
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Inspection Literacy Connections-Dutchess **Employer identification number** Name of the organization County, Inc. 14-1710952 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to rasser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (I) contributions? Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Page 2

P	art I		vents. Complete if the orga ,000 on Form 990-EZ, line				ed
•	<u>,</u>	more than gre	(a) Event #1  990PtVIIIc (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col (a) throu- col (c))	
Revenue	1	Gross receipts	18,794			18,	<u>794</u>
<u>~</u>	3	Less Chantable contributions Gross revenue (line 1 minus line 2)	18,794			18,	794
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment .					
	9	Other direct expenses			1		
	10 11		v. Add lines 4 through 9 in column (ombine line 3, column (d), and line	•	<b>&gt;</b>	(	
P	art	II Gaming. Com	plete if the organization and on Form 990-EZ, line 6a.		0, Part IV, line 19, or rep	orted more	
- anue		than \$15,000 G	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (A col (a) through col	
Revenue	1	Gross revenue					
es	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses	,				······
	6	Volunteer labor	Yes %	Yes %	Yes %		<u>-</u>
	7	Direct expense summary	y. Add lines 2 through 5 in column (	(d)		<u> </u>	
	8	Net gaming income sum	mary Combine line 1, column d, a	nd line 7	. •		
9 a	ls.		ne organization operates gaming action operate gaming activities in each			Yes 9a	No
10a b		ere any of the organization 'Yes," Explain.	n's gaming licenses revoked, suspe	ended or terminated during the ta	ax year?	10a	<del>                                     </del>
11 12		<u>-</u>	te gaming activities with nonmemb , beneficiary or trustee of a trust or	• •	ther entity	11	1
	foi	med to administer charita	ble gaming?			12	

DAA

Sche	dule G (Form 990 or 990-EZ) 2009 Literacy Connections-Dutchess 14-171095	2	Р	age <u>3</u>
			Yes	No
13	indicate the percentage of gaming activity operated in.			
а	The organization's facility			
b	An outside facility 13b %			1
14	Provide 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?	15a		ļ
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
			2	
	Name			
	<b>\</b>			
	Address •			
16	Gaming manager information			
10	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	· ·			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year > \$			

#### SCHEDULÈ O

(Form 990)

## Supplemental Information to Form 990

2009

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Literacy Connections-Dutchess

Employer identification number

County, Inc.	14-1710952
Form 990, Part VI, Line 11A - Organization's Process to	Review Form 990
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
No documents available to the public	
no documents, available, to the public	
•	
	• • •
·	
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