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DLN: 93493012013651

Form **990**

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 trust or private foundation)

2009

OMB No 1545-0047

Open to Public

Department of the Treasury

nternal Revenue	Service F- 1 r	ie orga	anization may have to use a copy of th	nis return to satisfy sta	te reporting	requirements	Inspection
A Forthe 2	2009 calendar			nd ending 06-30-2010		D Employer id	entification number
Check If a	· · · · · · · · · · · · · · · · · · ·	:	Name of organization PROLITERACY WORLDWIDE				
Address ch	label o	or ├	Doing Business As			16-607638 E Telephone nu	
Name chai	type.	See	_			(315) 422-	9171
Initial retui	Instru		Number and street (or P O box if mail is not 1320 JAMESVILLE AVENUE	delivered to street address	Room/suite	G Gross receipts	
Terminated		L					
Amended I			City or town, state or country, and ZIP + 4 SYRACUSE, NY 13210				
Application		<u>. </u>		1			
			and address of principal officer CHARVEY		H(a) Is the affilia	s a group returi tes?	nfor □Yes 🔽 No
			MESVILLE AVE SE,NY 13210				
			3L,N1 13210		• •	l affiliates includ	•
Tax-exem	npt status 🔽 5	01(c) (3) ◀ (insert no)	27		pexemption nu	(see instructions) imber ►
Website	: ► www prolit	eracy	org		(-,		
S Form of ord	nanization 🔽 Cor	poratio	n	<u>'</u> _	L Year of for	mation 2002	1 State of legal domicile N
Part I	Summary	poracio	THE PROPERTY OF THE P		= rear or ro	madon 2002	state of legal dofficile. It
1	•		organization's mission or most signific	cant activities			
پ	SEE ATTACH	MENT	1				_
■							
Ŕ I		,	if the organization discontinued its op				
		_	embers of the governing body (Part VI				1
			ent voting members of the governing l loyees (Part V , line 2a)				
-			Inteers (estimate if necessary)				
7a			d business revenue from Part VIII, c				
	-		ess taxable income from Form 990-T,	* **		71	
					Prio	r Year	Current Year
8	Contributions	and	grants (Part VIII, line 1h)			3,748,475	3,581,802
ੂ 9	Program serv	ıce re	venue (Part VIII, line 2g)			6,359,870	6,323,907
9 10 11	Investmentı	ncome	e (Part VIII, column (A), lines 3, 4, ar	nd 7d)		11,996	130,733
^{II} 11			t VIII, column (A), lines 5, 6d, 8c, 9d			213,662	25,559
12			lines 8 through 11 (must equal Part			10,334,003	10,062,001
13			amounts paid (Part IX, column (A), lii			442,766	510,192
14	Benefits paid	to or	for members (Part IX, column (A), line	e 4)			(
_თ 15		ercon	npensation, employee benefits (Part I	X, column (A), lines 5-		4,163,929	4 001 113
\$\frac{16a}{2}\$	10)	fundrs	using fees (Part IX, column (A), line 1	10)		4,163,929	4,001,113
æ 10a			ses (Part IX, column (D), line 25) •864,099	16)			
ற் ₁₇	_	-	art IX, column (A), lines 11a-11d, 11			6,266,090	5,572,04
18			ld lines 13–17 (must equal Part IX, c			10,872,785	10,083,346
19	•		nses Subtract line 18 from line 12			-538,782	-21,345
8 9					Beginning	of Current	End of Year
8 9 9 20 20 21 22 22 22 22 22 22 22 22 22 22 22 22		<i>.</i>			Y	ear	
20			X, line 16)			10,539,397	10,631,969
21 22 24 22			rt X, line 26) balances Subtract line 21 from line 2			5,289,604 5,249,793	5,258,049 5,373,920
Part II	Signature					5,249,793	5,373,920
	Under penalties	of perj	ury, I declare that I have examined this return				
			rrect, and complete Declaration of preparer (
Sign	*****				2011-	01-04	
lere	Signature of	officer			Date		
			RESIDENT AND CEO				
	Type or print						
	Preparer's		Dat		eck if	Preparer's identi	
Paid	signature N	an MIL	LER CPA 20:	11-01-04 sel em	polyed 🕨 🔽	(see instructions)
Preparer's	Firm's name (or	,	NAN MILLER CPA		•	EIN Þ	
Jse Only	if self-employed) address, and ZIP		2450 VIRGINIA AVE NW E309			ETIN &	
			WASHINGTON, DC 20037			Phone no 🕨 (2	(02) 463-7600
1ay the IR	S discuss this	return	with the preparer shown above? (see	ınstructions)			┌Yes ┌No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE ATTACHMENT 1

4e	Total program service		8,232,999			
	(Expenses \$	4,963,893 inc	luding grants of	\$ 12,47	1) (Revenue \$	5,992,213)
4d	Other program servi	ces (Describe in Sch	edule O) See al	so Additional Data for I	Description	
		OGRAMS AND PROJECTS T ROLE OF LITERACY IN A F			ABOUT LITERACTY TO THE PU	BLIC, COMMUNITIES AND
ŀc	(Code) (Expenses \$	164,274	including grants of \$) (Revenue \$)
	STRATEGIC INITIATIVES COMMUNITY BASED ORG		ROVIDES STRATEG	IC POSITIONING AND LITERA	CY PROGRAM DEVELOPMENT AI	ND COORDINATION WITH
b	(Code) (Expenses \$	•	including grants of \$) (Revenue \$	814,086)
				ISTED OVER 1200 LITERACY R PROGRAMS COMMON TO P	GROUPS AND THEIR VOLUNTEE ROLITERACY'S MISSION	RS AND STUDENTS THROUGH
а	(Code) (Expenses \$		including grants of \$	497,721) (Revenue \$	3,099,410)
ļ	Section 501(c)(3) an	d 501(c)(4) organızat	ions and section	_	gest program services by required to report the amo vice reported	•
	If "Yes," describe the	se changes on Schedu	ıle O			
3	Did the organization of services?		nake sıgnıfıcant • • • •	changes in how it condi	ucts, any program	┌ Yes ┌ No
	If "Yes," describe the	se new services on So	hedule O			
2	the prior Form 990 or			vices during the year wh	ich were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Regu	ired 9	Schedu	ıles
4.11.2.4	CIICCRIISE	oi ixcaa	11 C U :	Juliudu	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes,"</i> complete <i>Schedule D, Part V</i>	10	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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 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 addresses 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 Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 140			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		NI -
L	return?	3a 3b		Νο
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	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 Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	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		No
9	Sponsoring organizations maintaining donor advised funds.	-		INO
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Yes	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

	covernance, rianagement, and bisclosure for each	res response to inies	z anough /b	
	below, and for a "No" response to lines 8a, 8b, or 10b below	w, describe the circun	nstances,	
	processes, or changes in Schedule O. See instructions.			
Se	ection A. Governing Body and Management			
				Ye
La	Enter the number of voting members of the governing body	1a	18	
_				- 1

			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that 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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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?	16b	Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, NV, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY , ME , MD , MA , MI , MN , MS , MO , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , UT , VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 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
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 DAVID MARBLE 1320 JAMESVILLE AVENUE

SYRACUSE, NY 13210 (315) 422-9121

Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	Total I I I I I I I I I I I I I I I I I I I								
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 4								
				Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated en on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	mployee •	3		Νo				
1	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from torganization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such	:he							

5 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

4	Yes	
5		No

Page 8

Section B. Independent Contractors

ındıvıdual

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(R)	(C)
Name and business address	Description of services	Compensation
OMNISTRATEGIES INTERNATIONAL LLC 2450 VIRGINIA AVENUE NW SUITE E309 WASHINGTON, DC 20037	ACCOUNTING/CONSULTING	157,322
STINSON MORRISON & HECKLER PO BOX 219492 KANSAS CITY, MO 64121	LEGAL/HR	157,178
CAPITOL HILL PARTNERS 513 CAPITOL COURT WASHINGTON, DC 20002	PUBLIC RELATIONS	110,000
Table without of independent controlled to the last to the collection of the collect	\b = u = = = d u= = u = &b = u	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

Form 99			f. D					Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a	30,211				
듄둦	ь	Membership du	es 1b	150,915				
S.E	c	Fundraising eve	ents 1c					
Æ in	d	Related organiz	zations 1d					
હેં≣	e	Government grants	s (contributions) 1e	238,000				
ાં ક	f	All other contribution	ons, gifts, grants, and 1f	3,162,676	İ	İ		j j
<u>5</u>	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ _	36,382					
္မ	h	Total. Add lines	s 1a-1f	▶	3,581,802			
				Business Code				
ш	2a	PUBLISHING PROG	RAMS	511,130	5,992,213	5,992,213		
ES ES	ь	ANNUAL CONFERE	NCE	611,710	33,600	33,600		
93	С	TRAINING AND AC	CREDITATION	611,710	298,094	298,094		
er vi	d							
Program Service Revenue	e							
jrai.	f	All other progra	am service revenue					
Š	_	Total Addison	- 2- 26		6 222 007			
	д 3		s 2a-2f ome (including dividend		6,323,907			
			ar amounts)	. F	130,733			130,733
	4		stment of tax-exempt bond p					
	5	Royalties		▶ │				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	ss)	▶				
une	8a	Gross income f events (not inc	luding					
Other Revenue			s reported on line 1c) ne 18 a					
Ē.	ь	Less direct ex	penses b					
õ	С	Net income or ((loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b	vities ▶				
	10a	Gross sales of returns and allo	inventory, less owances .					
	ь	less cost of -	a oods sold b					
	c		oods sold D (loss) from sales of inve	entory ►				
	<u> </u>	Miscellaneous		Business Code				
	11a	OTHER INCOM		999,999	25,559	25,559		
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		25 552			
	12		See Instructions	•	25,559 10,062,001	6,349,466		130,733
					10,002,001	3,313,700		130,733

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columr	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	228,172	228,172		
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	282,020	282,020		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	541,874	474,886	44,492	22,496
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,023,073	2,391,642	138,358	493,073
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,205	66,641	1,723	4,841
0				 	<u>-</u>
9	Other employee benefits	72,666	66,152	 	4,803
10	Payroll taxes	290,295	240,467	24,221	25,607
11	Fees for services (non-employees)		_		
a	Management	70,818	0	,	0
b	Legal	147,951	0	 ' 	0
c	Accounting	131,000	0	131,000	0
d	Lobbying	120,000	0	120,000	0
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,799,036	1,695,719	0	103,317
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	251,293	180,093	46,826	24,374
17	Travel	448,784	293,355	119,163	36,266
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	86,702	56,842	19,638	10,222
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,181	100,352	32,771	17,058
23	Insurance				
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)				
а	SUPPLIES	52,727	28,884	21,417	2,426
b	TELEPHONE AND COMMUNICATIONS	79,993	38,307	38,323	3,363
c	POSTAGE AND SHIPPING	582,313	548,665	4,437	29,211
d	PRINTING AND PUBLICATIONS	1,651,243	1,540,802	23,399	87,042
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,083,346	8,232,999	986,248	864,099
26	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	20,000,040	3,232,333	333/210	55 17033
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A)		(B)
	L				Beginning of year		End of year
	1	Cash—non-interest-bearing			153,051		204,803
	2	Savings and temporary cash investments	•			2	
	3	Pledges and grants receivable, net	•		558,802		1,342,495
	4	Accounts receivable, net			657,282	4	517,804
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			1,616,109	8	1,318,035
₫	9	Prepaid expenses and deferred charges			272,385	9	427,772
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	3,888,528			
	ь	Less accumulated depreciation	10b	2,892,195	1,104,450	10c	996,333
	11	Investments—publicly traded securities			1,614,026	11	552,857
	12	Investments—other securities See Part IV, line 11			4,563,292	12	5,271,870
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,539,397	16	10,631,969
	17	Accounts payable and accrued expenses .			1,052,929	17	823,900
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			2,758,284	23	2,951,669
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,478,391	25	1,482,480
	26	Total liabilities. Add lines 17 through 25			5,289,604	26	5,258,049
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
Ф		through 29, and lines 33 and 34.					
먑	27	Unrestricted net assets			440,737	27	-872,016
8	28	Temporarily restricted net assets			2,755,112	28	3,947,314
핃	29	Permanently restricted net assets			2,053,944	29	2,298,622
Fund Balances		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plet e			
JO.		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			5,249,793	33	5,373,920
	34	Total liabilities and net assets/fund balances			10,539,397	34	10,631,969

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
3а	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		No
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)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

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)

Inspection

Name of the organization PROLITERACY WORLDWIDE

Employer identification number

16-6076384

1 2	ļ -		•	on of churches, or as: in section 170(b)(1)				(1)(A)(i).				
3	<u>'</u>			erative hospital serv				170(b)(1)	(A)(iii).			
4	Ė	A medic		organization operate)(A)(iii). E	nter the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	v owned or or	perated by a	governmenta	l unit desci	 ibed in	
	•	_	•	A)(iv). (Complete Pa	_		,	,	3			
6	Γ			ocal government or	-	ıl unıt desci	ıbed ın sectio	on 170(b)(1)(A)(v).			
7	Γ	describ	ed in	t normally receives a		part of its s	support from a	a governme	ntal unit or fro	m the gene	ral publi	C
	_			(Vi) (Complete Pa		\(\(\dots\) \(\lambda\)	uniata Daut II	,				
8 9	▽	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	Į*	An organization that normally receives (1) more than 331/3% 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 331/3% of										
		-		ss investment incom	•	-						
			_	anızatıon after June 3						ax) iroiii bus	illesses	
10	\vdash	•		anization after June s	•			•	•			
11	<u>'</u>	-	_	anized and operated	•					carry out t	he niirno	ses of
e f g	Γ	By checother the section If the or check the Since A followin (i) a per section in the section of the section o	that describ Type I king this bo an foundation 509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir	y supported organizations the type of supported Type II x, I certify that the conmanagers and other certifications are supported to the companization of the certification of the companization of the certification of the	rting organiz c	eation and control of the control of	omplete lines - Functionall olled directly licly supporte 5 that it is a T or contribution	s 11e throug y integrated or indirectly ed organizat Type I, Type on from any	gh 11h d y by one or mo nons described II or Type II of the	Type ore disquali d in section	III - Ot fied pers 509(a)(g organi: Yes	her ons 1) or
				r of a person describ						11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) a	bove?			11g(iii)	
h			the followin	g information about t (iii) Type of	he supported (iv) Is the		(v)		(vi	=		
(i) Name suppor organiza		of ted	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	on in ed in rning	Did you no organizat col (i) o suppo	tion in fyour	Is the organization organization col (i) organization column colu	tion in janized	Am	(vii) ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
Total												
<u> </u>												

ınstructions

	Support Schedule (Complete only if y	e for Organiza	tions Describ	ed in IRC 170 7. or 8 of Part)(b)(1)(A)(iv) I.)	and 17	′0(b)(:	1)(A)(vi)	
S	ection A. Public Support			. ,	/				
	endar year (or fiscal year beginning	(-) 200F	(1) 2006	(-) 2007	(4) 2000	(-) 2		(5) T. I	_ 1
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) ⊤ot	aı
1	Gifts, grants, contributions, and								
	membership fees received (Do not	:							
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organızatıon's benefit and either								
	paid to or expended on its								
	behalf								
3	The value of services or facilities								
	furnished by a governmental unit to)							
_	the organization without charge			+					
4	Total. Add lines 1 through 3								
5	The portion of total contributions b	У							
	each person (other than a								
	governmental unit or publicly								
	supported organization) included o	n							
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
_	(f)	_							
6	Public Support. Subtract line 5 from line 4	1							0
	ection B. Total Support							1	
	ection B. Total Support endar year (or fiscal year beginning		1	I					
Cai	, , , , , ,	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Tota	al
-	in)								
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								0
	securities loans, rents, royalties and income from similar								· ·
	sources								
9	Net income from unrelated								
9	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
10	IV) Do not include gain or loss								
	from the sale of capital assets								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activit	ies, etc (See ins	tructions)	•	•	12			
13	First Five Years If the Form 990 is	for the organizat	ion's first second	l third fourth or	fifth tay year as a		3) organ	ızatıon	
13	check this box and stop here	ior the organizat	ion's mist, second	i, tillia, louitii, oi	ilitii tax yeal as a	301(0)(.)) organi	▶ □	
	check this box and stop here							-,	
	ection C. Computation of Pu	blic Support I	Percentage						
14	Public Support Percentage for 200			11 column (f))		14			0 %
	-	•		11 column (1))					0 70
15	Public Support Percentage for 200	18 Schedule A, Pa	irt II, line 14			15			
16a	33 1/3% support test—2009. If the	e organızatıon dıd	not check the bo	x on line 13, and	line 14 is 33 1/39	% or more	, check	this box	
	and stop here. The organization qu	alıfıes as a public	ly supported orga	anızatıon				► □	
b	33 1/3% support test—2008. If the	e organızatıon dıd	not check the bo	x on line 13 or 1	6a, and line 15 is	33 1/3%	or more	, check this	
	box and stop here. The organization	n qualifies as a p	ublicly supported	organızatıon				▶ -	
17a	10%-facts-and-circumstances test	_							
	is 10% or more, and if the organiza			•		-	•		
	ın Part IV how the organization me	ets the "facts and	d cırcumstances"	test The organiz	zatıon qualıfıes as	a publicl	y suppo		
	organization							► □	
b	10%-facts-and-circumstances test	_							
	15 is 10% or more, and if the orga			•		-			
	Explain in Part IV how the organiza	ation meets the "1	acts and circums	tances" test The	e organızatıon qua	lifies as	a publicl		
	supported organization							▶ □	
18	Private Foundation If the organiza	tion did not check	ca box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and	see		

►□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,608,695	3,718,586	4,081,513	3,244,651	3,581,802	18,235,247
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	7,829,284	7,248,803	7,278,333	7,022,859	6,323,907	35,703,186
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 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified	11,437,979	10,967,389	11,359,846	10,267,510	9,905,709	53,938,433
	persons A mounts 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						
c 8	Add lines 7a and 7b Public Support (Subtract line 7c						
	from line 6)						53,938,433
	ction B. Total Support						
Calei	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	11,437,979	10,967,389	11,359,846	10,267,510	9,905,709	53,938,433
10a	Gross income from interest,		1				
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,012,230	1,343,522	794,673	-20,132	130,733	3,261,026
b	on securities loans, rents, royalties and income from				-20,132		, ,
c	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	1,012,230	1,343,522 1,343,522	794,673 794,673	-20,132 -20,132	130,733 130,733	3,261,026 3,261,026
_	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						, ,
c	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						, ,
c 11	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,		1,343,522	794,673	-20,132	130,733	3,261,026
c 11	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,012,230	1,343,522	794,673 81,335	-20,132 74,814	130,733 25,559	3,261,026 354,090 57,553,549
c 11 12 13 14	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is fecheck this box and stop here	1,012,230 or the organization	1,343,522 172,382 n's first, second,	794,673 81,335	-20,132 74,814	130,733 25,559	3,261,026 354,090 57,553,549 ization,
c 11 12 13 14	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is form	1,012,230 or the organization	1,343,522 172,382 n's first, second,	794,673 81,335 third, fourth, or fi	-20,132 74,814	130,733 25,559	3,261,026 354,090 57,553,549 ization,
c 11 12 13 14	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here	or the organization ic Support Per (line 8 column (f	1,343,522 172,382 n's first, second,	794,673 81,335 third, fourth, or fi	-20,132 74,814	130,733 25,559 501(c)(3) organ	3,261,026 354,090 57,553,549 ization, ▶┌
c 11 12 13 14 Se 15 16	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is ficheck this box and stop here Ction C. Computation of Public Support Percentage for 2009 Public support percentage from 200	ic Support Pe (line 8 column (f 8 Schedule A , Pa	1,343,522 172,382 n's first, second, rcentage) divided by line irt III, line 15	794,673 81,335 third, fourth, or fi	-20,132 74,814	130,733 25,559 501(c)(3) organ	3,261,026 354,090 57,553,549 Ization, 93 720 %
c 11 12 13 14 Se 15 16	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here ction C. Computation of Public Support Percentage for 2009 Public support percentage from 200 ction D. Computation of Investigation of Investigation in the support i	ic Support Pe (line 8 column (f 8 Schedule A, Pa	1,343,522 172,382 n's first, second, rcentage) divided by line irt III, line 15 me Percentage	794,673 81,335 third, fourth, or fi	-20,132 74,814 fth tax year as a	130,733 25,559 501(c)(3) organ	3,261,026 354,090 57,553,549 Ization, 93 720 % 93 710 %
c 111 12 13 14 Se 15 16 Se	on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is ficheck this box and stop here Ction C. Computation of Public Support Percentage for 2009 Public support percentage from 200	ic Support Pe (line 8 column (f 8 Schedule A, Pa	1,343,522 172,382 n's first, second, rcentage) divided by line irt III, line 15 me Percentag umn (f) divided b	794,673 81,335 third, fourth, or fi 13 column (f))	-20,132 74,814 fth tax year as a	130,733 25,559 501(c)(3) organ	3,261,026 354,090 57,553,549 Ization, PT 93 720 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

OTHER INCOME PART III, LINE 12, DESCRIPTION MISCELLANEOUS REVENUE, $2005\ 0$, $2006\ 172382$, $2007\ 81335$, $2008\ 74814$, $2009\ 25559$,

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 16-6076384

Name: PROLITERACY WORLDWIDE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 4,963,893 including grants of \$ 12,471) (Revenue \$ 5,992,213)

PUBLISHING PROGRAM PROVIDES SPECIALIZED MATERIALS FOR EDUCATORS, NEW READERS, LITERACY VOLUNTEERS, FOR EDUCATORS, NEW READERS, LITERACY VOLUNTEERS, FOR EDUCATORS, NEW READERS, LITERACY VOLUNTEERS, FOR EDUCATORS, NEW READERS, LITERACY VOLUNTEERS,

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	hours that apply) co		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other					
	week	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID HARVEY PRESIDENT	60 00			Х	X	X		224,964	0	0
PETER WAITE VICE PRESIDENT	60 00			X	Х			103,479	0	0
MARY MCGONIGEL VICE PRESIDENT	40 00			X	Х			108,215	0	0
MARK MOSKOWITZ MANAGER	40 00					Х		105,216	0	0
M SHAN ATKINS IMMEDIATE PAST PRESIDENT	10 00	Χ						0	0	0
PATRICIO BARRIGA BOARD MEMBER	2 00	Х						0	0	0
TOSCA BRUNO-VAN VIJFEIJKEN BOARD MEMBER	2 00	Χ						0	0	0
RUTH COLVIN LIFE BOARD MEMBER	10 00	Χ						0	0	0
SHARI DAW BOARD MEMBER	2 00	Х						0	0	0
ANNE DUPREY SECRETARY	2 00	X		X				0	0	0
THOMAS FISCOE TREASURER	5 00	Χ		X				0	0	0
BRIAN FOX BOARD MEMBER	2 00	Χ						0	0	0
LOUIS C JOHNSON SR BOARD MEMBER	2 00	X						0	0	0
ROBERT S LAUBACH LIFE BOARD MEMBER	10 00	Χ						0	0	0
RICK LAWTON VICE CHAIRPERSON	5 00	Χ		X				0	0	0
KEVIN MORGAN CHAIRPERSON	10 00	X		X				0	0	0
STEPHEN REDER BOARD MEMBER	2 00	X						0	0	0
NIKKI ZOLLAR BOARD MEMBER	2	Χ								
SEETHA SRINIVASAN BOARD MEMBER	2	X								
JOHN WARD BOARD MEMBER	2	X								
EMILY A WEST BOARD MEMBER	2	X								
JOHN B ZICKEFOOSE BOARD MEMBER	2	Χ								

DLN: 93493012013651

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the Sec Sec If the Sec Nam PROL	ITERACY WORLDWIDE	II-A Do e Part II- ne 35a Employ	not co -B Do I (regar ver Idei	ompletonot co ding	e Part II-B mplete Part proxy tax) tion numbe	∥-A , then ≘r	
	Provide a description of the organization's direct and indirect political campaign activities in Par			_			
_	Political expenditures		•	\$			
3	Volunteer hours			_			_
Part	I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955		►	\$			_
2	Enter the amount of any excise tax incurred by organization managers under section 4955		►	\$			_
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	☐ No	
4a	Was a correction made?				☐ Yes	∏ No	
ь	If "Yes," describe in Part IV						
Part	I-C Complete if the organization is exempt under section 501(c) except	sectio	on 50	1(c) ((3).		_
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities		\$			_
	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527	•	\$			_
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	►	\$			
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No	
	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in least the second	s Also ion, su	enter	the ar	nount of po	litical	

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ		is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check I if the filing organization belongs to	• •		
В_	Limits on Lobbying E	expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	39,006	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	111,585	
c	Total lobbying expenditures (add lines 1a and 1	150,591		
d	under section 501(h)). ack If the filing organization belongs to an affiliated group of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) tal lobbying expenditures to influence public opinion (grass roots lobbying) tal lobbying expenditures to influence a legislative body (direct lobbying) tal lobbying expenditures (add lines 1a and 1b) ther exempt purpose expenditures (add lines 1c and 1d) belong to the expenditures (add lines 1c and 1d) belong nontaxable amount Enter the amount from the following table in both lumns the amount on line 1e, column (a) or (b) is: tover \$500,000 the amount on line 1e (column (a) or (b) is: tover \$500,000 er \$1,000,000 but not over \$1,000,000 er \$1,000,000 but not over \$1,000,000 er \$1,500,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000		9,932,757	
е	Total exempt purpose expenditures (add lines 1	10,083,348		
f	Lobbying nontaxable amount Enter the amount columns	654,167		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	1 ' -		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	163,542		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	803,738	764,239	702,680	654,167	2,924,824
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,387,236
_с	Total lobbying expenditures	16,560	138,356	108,059	150,591	413,566
d	Grassroots non-taxable amount	200,935	191,060	175,670	163,542	731,207
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,096,811
f	Grassroots lobbying expenditures	6,624	53,959	37,775	39,006	137,364

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a) ()
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ductible section 162(e) dues	3				
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493012013651

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number

DLITERACY WORLD	WIDE		166	076204		
rt I Organ	nizations Maintaining Donor A	dvised Funds or Other Similar F		076384 Or Account	s. Complet	e if th
organ	ızatıon answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·	1			
		(a) Donor advised funds	(1	b) Funds and	other accour	nts
Total number	at end of year					
	ntributions to (during year)					
	nts from (during year)					
Aggregate val	ue at end of year					
•		isors in writing that the assets held in don organization's exclusive legal control?	ior advis	sed	√ Yes	┌ N
used only for		donor advisors in writing that grant funds nefit of the donor or donor advisor, or for ai			✓ Yes	┌ No
		ıf the organization answered "Yes" t	o Form	990, Part I	V, line 7.	
Preserva Protectio Preserva	conservation easements held by the o tion of land for public use (e g , recreat n of natural habitat tion of open space		certified	historic stru		a
•	the last day of the tax year					
Total number	of conservation easements		7-	Held at the	e End of the	Year
			2a			
_	restricted by conservation easements nservation easements on a certified his		2b			
		` ,	2c			
Number of cor	nservation easements included in (c) a	cquired aπer 8/17/06	2d			
Number of cor	nservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the	e organizatior	ı durıng	
the taxable ye	ear 🗠					
Number of sta	ates where property subject to conserv	ation easement is located ►				
	anızatıon have a wrıtten policy regardın of the conservation easements it holds	g the periodic monitoring, inspection, hand ?	dling of	violations, an	d ┌ Yes	┌ N
Staff and volu	nteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents du	ırıng the year	-	
A mount of exp	penses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year ► \$		
	nservation easement reported on line 2 (1) and 170(h)(4)(B)(II)?	2 (d) above satisfy the requirements of sec	tion		☐ Yes	┌ N
balance sheet	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and the footnote to the organization's financial ments	•			
t IIII Orga i Comp	nizations Maintaining Collection lete of the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar	Assets.	
If the organiza	ation elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd nancial statements that describes these it	ch ın fur			١,
historical trea	, ,	5 116, to report in its revenue statement a public exhibition, education, or research i s			•	
(i) Revenues	included in Form 990, Part VIII, line 1			► \$		
(ii) Assets ind	cluded in Form 990, Part X			► \$		
	ation received or held works of art, hist unts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financ			
Revenues inc	luded in Form 990, Part VIII, line 1			► \$		
Assets includ	led in Form 990, Part X			► \$		

3	Using the organization's accession and othe											ontinuea)
	ıtems (check all that apply) —		_	_								
а	Public exhibition		d	ļ	Loan o	rexch	nange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they	further	the o	rganızatıon	's ex	empt purpos	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than								ılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Ye	es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ons c	or other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	ble		Γ			A mount		
с	Beginning balance						F	1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year							1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on F	orm 990 Part V line	0 212				L				Yes	
			e 21,							,	165	, 140
	If "Yes," explain the arrangement in Part XI\ rt V Endowment Funds. Complete		n and	wore	d "Voc	" to I	Form 990	Dari	FTV line 1	n		
Гч	Endowment i unus. Complete	(a)Current Year)Prior					Three Years Ba)Four Y	ears Back
1a	Beginning of year balance	2,387,565		3	,775,173							
ь	Contributions				31,658							
С	Investment earnings or losses				-274,541							
d	Grants or scholarships											
e	Other expenditures for facilities and programs			1	,144,725							
f	Administrative expenses											
g	End of year balance	2,387,565		2	,387,565							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	41 000 % %										
b	Permanent endowment ► 59 000 % %	, ,										
	Termanent endowment P											
c 3a	Term endowment % Are there endowment funds not in the posse	ssion of the organiz	ation	that a	ro hold	and a	dministoro	l for t	tha			
за	organization by	ssion of the organiza	ation	tiiat a	re neiu	allu a	ullillisteret	1 101 1	ille		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations								[Ba(ii)		Νο
b	If "Yes" to 3a(11), are the related organization	ns listed as require	d on S	Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of th											
Pai	rt VI Investments—Land, Building	s, and Equipme	nt. S	See F	orm 99	0, Pa	art X, line	10.	<u> </u>			
	Description of investment				Cost or o		(b) Cost or o		(c) Accumu depreciat		(d) Bo	ook value
1a	Land					14	5,713				145,713	
b	Buildings					2,42	9,898	1,82	26,264		603,634	
С	Leasehold improvements											
d	Equipment						1,31	2,917	1,00	55,931		246,986
e	Other											
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>), line	10(c).)				►			996,333
	·									e D (F	orm 9	90) 2009

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 13 (b)Book value	(c) Method of valuation
(including name of security) Financial derivatives	(b)Book value	Cost or end-of-year market value
Closely-held equity interests		
Other MUTUAL FUNDS	3,178,577	F
US GOVERNMENT BONDS	123,598	<u></u>
CORPORATE BONDS AND NOTES	1,459,485	F
ACCRUED INTEREST AND OTHER	510,210	F
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7-1-1	
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	tion	(b) Book value
		+
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
RESERVE FOR SPLIT INTEREST TRUSTS	1,482,480	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,482,480	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts 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	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

DLN: 93493012013651

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization LITERACY WORLDWIDE	Employer identification number					
						16-6076384	ļ
Pa	Trt I General Info			de the United States	s. Complete	e if the organ	ization answered
1	For grantmakers. Do	es the organiza	tion maintain r	ecords to substantiate	the amount	of the grants	s or
	_	_		assistance, and the se		_	
	the grants or assistar	nce?					. 🔽 Yes 🗌 No
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)	(f) Total expenditures
		offices in the	employees or	fundraising, program services,		am service,	for region
		region	agents in region	grants to recipients located in the region)		pecific type of s) in region	
Cen	tral A merica	0		GRANTS TO			118,840
				RECIPIENTS LOCATED			
\1 . d .	lle East	0		IN REGION GRANTS TO			25.200
MIG C	ne cast			RECIPIENTS LOCATED			25,300
				IN REGION			
ast	t Asia and Pacific	0	0	GRANTS TO			68,280
				RECIPIENTS LOCATED			
~ I.	-Saharan Africa	0		IN REGION GRANTS TO			60.606
sup.	-Sanaran Africa	0		RECIPIENTS LOCATED			69,600
				IN REGION			

282,020

1	(a) Name of	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America	LITERACY/MICROFINANCE/EDUCATION					
			Middle East	LITERACY/MICROFINANCE/EDUCATION					
			East Asia and Pacific	LITERACY/MICROFINANCE/EDUCATION					
			South Asıa	LITERACY/MICROFINANCE/EDUCATION					
			Sub-Saharan A frıca	LITERACY/MICROFINANCE/EDUCATION					
2				ations listed above that are recognized a e grantee or counsel has provided a sec					5

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493012013651

OMB No. 1545-0047

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.

Internal Revenue Service

licensing

Department of the Treasury

Name of the organization PROLITERACY WORLDWIDE **Employer identification number** 16-6076384

							10 0070304		
		tivities. Comple s are not require					to Form 990, Part IV	, line 17.	
a	tations nd e-mail so icitations solicitations zation have ees listed in	s a written or oral agr I Form 990, Part VI st paid individuals o	eement wi I) or entity	e f g th any ind / in conne (fundraise	dividu ection	Solicitation of non Solicitation of go Special fundraisin al (including office with professional ursuant to agreem	n-government grants vernment grants	ndraiser is	No
(i) Name of Ind or entity (fund		(ii) Activity	(iii) fundrais custo contribu Yes	er have dy or rol of) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ā	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					. _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

PROGRAMS

DLN: 93493012013651 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

FALLS CHURCH, VA 22042

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Name of the organization						Employer identifi	cation number
PROLITERACY WORLDWIDE						16-6076384	
Part I General Inforn	nation on Grants	and Assistance					
 Does the organization man the selection criteria used Describe in Part IV the or 	to award the grants	orassistance?		·			₹Yes 「N
Form 990, Part I	V, line 21 for any i	Governments and recipient that received 0) if additional space i	more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0)00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY FOR EVERY ADULT (LEAP) RICHMOND PUBLIC LIBRARY301 NORTH STREET BATAVIA,NY 13210	161199736	501(C)(3)	8,000				BOOK FUND GRANT
YOLO LITERACY COUNCIL 300 FIRST STREET WOODLAND, CA 95695	752904898	501(C)(3)	6,000				BOOK FUND GRANT
KABULTEC INCPO BOX	200981972	501(C)(3)	9,000				WOMEN LITERACY

Enter total numbe	rofsection 501(c)(3	3) and government	organizations
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Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information. Complete t	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Pt I Line 2		DETAILED GRANT FILES ARE MAINTAINED WITH PROGRESS REPORTS, OBJECTIVES CLEARLY DEFINED AND MONITORING SUBSTANTIATED

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DLN: 93493012013651

OMB No 1545-0047

Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization PROLITERACY WORLDWIDE

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

16-6076384

Pa	Tible Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all for Compensation committee					
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>ب</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo
Ь	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described	paid or a	ccured pursuant to a contract that was			
	in Part III	itegs	100, 400, 500	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other reportable			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		compensation	compensation	compensation				Form 990-EZ
DAVID HARVEY	(1) (11)	213,964	11,000			3,430	228,394	227,294

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection **Employer identification number** Name of the organization PROLITERACY WORLDWIDE 16-6076384 Part I Types of Property (a) (b) (c) (d)

		Check If applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of de reven		ning	
1	Art—Works of art	аррисавіс		19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
_	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ►()							
	O ther ► () O ther ► ()							
	Number of Forms 8283 received	L						
29	for which the organization compl				29			
			,				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif				i	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a		No
ь	If "Yes," describe in Part II						Ţ	
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II						_	
For P	rivacy Act and Paperwork Reduction	Act Notice,	see the Instructions for Fori	n 990. Cat No 51227J	Schedule	M (For	m 990	2009

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493012013651

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
PROLITERACY WORLDWIDE

Employer identification number

16-6076384

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		MEMBERS ARE NON VOTING MEMBERS
Pt VI-B, Line 11A		CONFLICT OF INTEREST STATEMENT SIGNED ANNUALLY BY BOARD AND OFFICERS
Pt VI-B, Line 12c		ANNUAL WRITTEN CONFIRMATIONS OF CONFLICTS ARE REVIEWED BY THE BOARD
Pt VI-B, Line 15		ANNUAL COMPENSATION REVIEW IS PERFORMED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

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

Cat No 51056K

Schedule O (Form 990) 2009