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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)

20**09**

Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

		nue Service					or una return		<u> </u>	- Cruing	. 040		.0.	specuc	
<u>A</u>	For th	e 2009 ca			year beginnin				nd ending		_	e 30	, 20		
В	Check if a	applicable			ganization Lite			erica B	itterroot,	lnc.		D Emp	oloyer iden	tification r	number
	Address	change	use IRS label or		ness As LITER							81		047857	5
	Name cl	hange	print or type.	Number and	street (or P.O. box	f mail is not deliv	ered to street add	ress)	Room/suite	!		E Tele	phone num	ber	
_	nitial ref	-	See	316 N Thir	d ST				Ste	156		(406	<u>)</u>	363-290	0
	rermina		Specific Instruc-	City or town	n, state or countr	y, and ZIP + 4									
		ed return	tions.	Hamilton i	MT 59840-24	75						G Gros	s receipts \$	11	1,114.
_		on pending	F Nam	ne and address	of principal office	cer: Dixie S	stark (same	as C a	bove)	M(a)	a thua		etum for affiliat		
	4ppnottio	ar paraling					•		,	1			es included	_	_
$\overline{}$	Tax-exe	empt status	. IZI 5	501(c) (3) ⊲ ((insert no.)	4947(a)(1) or	527						es included halist (se		
÷				tterroot.org	·								number ▶	N/	•
				oration Trust		Other ▶		I Vos	r of formation				e of legal de		
	art I	Summ		Jrauon musi	LI 75300Iau011 L			Lica	or idiliation	193		W State	e or legal o	officie. IV	'
≍ —									O	noien i	- 4-		do fron		-41-1
07	1	Briefly de	scribe	the organiz	ation's missi	on or most	significant a	ctivities	S: Our mis	ssion i	s to	provi	de free,	confide	itiai
≔ •					alli County a			e or co	mplete th	eir hig	n sc	chool	eguivale	ncy dipl	oma
ھے		so they	can su	cceed as w	orkers, pare	nts, and cit	izens.								·
ے آ	Ι.														·
UE (∵ () ∐ Governance	2	Check this	box ► [🔲 ıf the orga	nızatıon discontii	nued its operat	ions or dispose	d of more	e than 25% o	of its net	asse	ts.			
- 10	3	Number of	of votin	ig members	of the gover	rning body (Part VI, line	1a).				. <u> 3</u>	<u> </u>		6
SCANNED Activities 6	4	Number of	of inde	pendent vot	ting members	of the gov	erning body	(Part V	/I, line 1b)			. 4	<u> </u>		6
₩ ₹	5	Total nun	nber of	employees	(Part V, line	2a)						5	<u> </u>		12
芝芸	6	Total nun	nber of	volunteers	(estimate of)	ecessary)						_ 6	3		21
≪ `	7a ·	Total gros	ss unre	elated busin	ess revenue	from Part VI							а		0
(<u>)</u>	b	Net unrel	ated bu	usinėss taxa	able income f	rom Form	90-T, line 34	4				. 7	b		0
<i>⊎</i>				1(1)	VOV 1 2 2					Pric	r Ye	ar	C	urrent Ye	ar
	8	Contribut	ione ar		Part VIII, line				_			79,341	1.	10	9,267.
ā	I			-11 1 .		100		•	· · ·).	<u></u>	0.
Revenue	9	Investme	SEI VICE	me (Port)	Part VIII Lline			•	· · ·		-	2,251			1,847.
æ					lumn (A), line				· · · -	_).		0.
					rough 11 (mu				ا نوره		81,592.			111,114	
	 									-					
	1				paid (Part I)		•		· · ·			1,375			<u>2,287.</u>
Ø	1	Benefits paid to or for members (Part IX, column (A), line 4)).		0.			
Expenses	I		other compensation, employee benefits (Part IX, column (A), lines 5-10)							74,221.			<u>8,109.</u>		
<u>.</u>	16a	a Professional fundraising fees (Part IX, column (A), line 11e)).		<u>0.</u>
ũ	þ.	Total func	draising	expenses (l	Part IX, colum	n (D), line 25) ▶	4,	911				<u> </u>		
	17	Other exp	penses	(Part IX, co	olumn (A), line	es 11a–11d,	11f-24f) .					17,223			<u> 2,902.</u>
					13-17 (must o		X, column (A), line 2	25)			92 <u>,819</u>			3,298.
		Revenue I	less exp	penses. Sub	tract line 18 f	rom line 12	<u> </u>		<u> </u>		(1	1,227	.)	(2	<u>2,184.)</u>
Net Assets or Fund Balances										ginning	of Cu	rrent Ye	ar E	nd of Yea	<i></i>
sets	20	Total ass	ets (Pa	ırt X, line 16	3)						1	12,000).	11	6,868.
A B	21	Total liab	ilities (F	Part X, line	26)				[_			66	3.		157.
25	22				s. Subtract li	ne 21 from	line 20			-	1	111,93	4	11	6,711.
Pa	irt II		ature		-, + · · · · · · · · · · · · · · · · · ·										
					are that I have ex										
		and belief	t) it is tru	e, correct, and	complete Decla	aration of prepa	arer (other than	officer) is	based on al	Informa	tion o	of which	preparer h	as any kno	wledge
Sig	ın		und	2MMR	Werr	wash	<u> </u>			- 1	1	1-2	10		
He		Signa	ature of c	officer	,	0.					Date	 _			
	• -	1	171	nne	Dorr	nuah	Treas	SILV	01						
		Type		name and title		311	····	///							
		1	_			 _		Date	Chec	ж f	Т	Prenare	r's identifying	number	
		Preparer's signature							self-		-1		ructions)	,	
Paid	i		•						emp	oyed ►	-				
Pre	parer's	Firm's na	me for vo	ours A				L			1				
Use	Only	ıf seff-em	ployed),	—						EIN			-:		
		address,				J				Pho	ne no	> (٦ ,,	
Ma	y tne	IHO GISCL	uss this	return with	the prepare	r snown abo	ove ((see ins	structio	ns)		<u>. </u>	• • •	<u> </u>	Yes L	No

Pai	t III ` Statement of Program Service Accomplishments
1 .	Bnefly describe the organization's mission: Our mission is to provide free, confidential instruction to enable Ravalli County adults to become literate or complete their high school equivalency diploma so they can succeed as workers, parents, and citizens.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 90,504. including grants of \$ 2,287.) (Revenue \$ 0.) 190 adults (16 and older and not enrolled in school) received direct literacy instruction to enable them to function on
	the job, in their familes, and in society. 31 students completed their high school equivalency diploma, or GED.
	Nine students enrolled in post-secondary education or training.
	Explanation of grants: 22 students received a grant of \$55 to pay for the GED testing fee. The checks are made out to the test center, and not to the individual, so they cannot be used for any other purpose. We also paid for one SAT testing fee (\$32), and one ACT testing fee (\$45). One student received a college scholarship of \$1,000. The check was
	made out to the college, not the student.
	
4b	(Code:) (Expenses \$ 3,317. including grants of \$ 0.) (Revenue \$ 0.) English Language/Civics instruction for 15 adults seeking to speak English better and to become participants in the community or gain citizenship.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 367. including grants of \$ 0.) (Revenue \$ 0.)
	Family Literacy activites included: workshops for 17 parents of preschool children, story times for more than 300 children, and 349 new books distributed to needy children. Most of the staffing on this project was volunteer.
	······································
	
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses > 04.224

Pai	t IV Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 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		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>√</u>
	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? If "Yes," complete Schedule F, Part I	14b		✓
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 United States? If "Yes," complete Schedule F, Part II.	15		✓
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 United States? If "Yes," complete Schedule F, Part III	16		✓
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		✓
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		✓
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		√
<u>20</u> _	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
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		1
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	OEL		1
00		25b	 	-
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		✓
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		-
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		\
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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		√
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		./
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	1	√

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
•			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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 12 13 14 15 16 17 18 18 18 18 19 19 19 19 19 19	2b	/	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		✓
b	If "Yes," enter the name of the foreign country: ▶		1	
	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		<u>√</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ ✓
С	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		✓
b	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).			
а	_ i.a i.a i.a i.a i.a _ i.	[
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	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		· <u></u>
9	Sponsoring organizations maintaining donor advised funds.		İ	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:		ł	
a			}	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Į	Ì	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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

<u>Sec</u>	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body	[]					
b	Enter the number of voting members that are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		✓			
3	Did the organization delegate control over management duties customanly performed by or under the direct						
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		\			
6	Does the organization have members or stockholders?	6	✓				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?	7a	✓				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
the year by the following:							
а		8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
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	9a		✓			
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	emal					
Rev	enue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		\			
	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	✓				
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓				
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	✓				
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	√				
13	Does the organization have a written whistleblower policy?	13	✓				
14	Does the organization have a written document retention and destruction policy?	14	✓				
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		\			
b	Other officers or key employees of the organization	15b		✓			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		✓			
ь	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					
Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶			-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply.						
	☐ Own website ☐ Another's website ☑ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of into	erest				
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the				
	organization: ► Dixie Stark, 316 N Third St, Ste 156, Hamilton, MT 59840-2475 (406) 363-2900						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Posite	on f	•	•	that ap	(vlac	Reportable	Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Charline M. Kirk, President 521 Winters Lane, Stevensville, MT 59870	1 hr/wk	1		1				-0-	-0-	-0-
Nancy Lloyd, Vice-President 210 Grantsdale Cem. Rd, Hamilton MT 59840	1 hr/wk	✓		1				-0-	-0-	-0-
James V. Kaney, Secretary 342 Cartwright Way, Hamilton MT 59840	1 hr/wk	1		1				-0-	-0-	-0-
Suzanne Derrough, Treasurer PO Box 410081, Pinesdale, MT 59841	1 hr/wk	1		1				-0-	-0-	-0-
Chris King PO Box 809, Lolo, MT 59847	1 hr/wk	1						-0-	-0-	-0-
John Davenport PO Box 1014, Darby, MT 59829	1 hr/wk	1						-0-	-0-	-0-
	· · · · · ·									

Pa	rt VII · Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (co	ontinu	ed)	
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and trile	Average hours per week		<u> </u>		k all	that ap		Reportable compensation from	Reportable compensation from related		Estimate Emount other	of
		West	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpensa from th rganizat ind relat ganizati	ation ne tion ted
													_
										·			
												. <u> </u>	
													· · · · · · · · · · · · · · · · · · ·
													
						ļ							
					ļ						+		
										·			
	Total								-0-				
2	Total number of individuals (including but r	oot limited	to the		licte		<u> </u>	►		-0-	00 .p		-0-
_	reportable compensation from the organiza)3C	iiste	-U 6	DOVE	, ••••	o received mic	ne man proo,o	00 111		
3	Did the organization list any former office	r director	or tri	ıcto	- L	· · · ·	omale		or highest o	ampapated		Yes	No
	employee on line 1a? If "Yes," complete Se	chedule J	for su	ch i	indi	vidu	ıal .				3		✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	n \$15	0,0	00?	If ".	Yes,"	con		le J for such	4		1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	ens	satio	on f	rom a	anv	unrelated orga	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d indi	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,00	0 of	
	(A) Name and business add	Iress							(B) Description of so	ervices		C) ensation	1
2	Total number of independent contractors (ii	ncluding bu	ıt not	lım	ıted	to t	hose	liste	d above) who	received			

FORII 3							Page 3
Par	t VII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इ	1a	Federated campaigns 1a	4,236.		· ·		
튵질	.u	Membership dues 1b	0.				
Contributions, gifts, grants and other similar amounts	٦	Fundraising events 1c	0.				
## "	٦	- undialising events	0.				
s, E	٦	Related organizations 10 1e 1e 1e 1e 1e 1e 1e	81,079.				1
<u> </u>		Government grants (contributions).	0.,0,0.				
돌	'	All other contributions, gifts, grants, and similar amounts not included above	23,952.				
草豆	١ _		20,002.	1		}	Ì
2 2	g	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		109,267.			
	 ''	Iotal. Add lines 1a-1f	Business Code	103,207.		 	
Program Service Revenue			555,11050 5050			ľ	
8	2a			_			
æ	b						-
<u>Ş</u> .	C	•••••				<u> </u>	
တ္တ	d				 	<u> </u>	
Ē	e	A.H					
ğ	1	All other program service revenue .					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividend	s, interest, and	4 047			ľ
		other similar amounts)	L L	1,847.			
	4	Income from investment of tax-exempt bor	id proceeds 🕨	0.			
	5	Royalties	<u> </u>	0.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	ď	Net rental income or (loss)	<i>.</i> >	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	Ь	Less cost or other basis					
	~	and sales expenses .					
	c	Gain or (loss)					
		Net gain or (loss)	🕨	0.			
ø	۰,	Gross income from fundraising					
nue	\ ~	events (not including \$					
Š		of contributions reported on line 1c).					
č		See Part IV, line 18 a					
Other Reve	b	Less: direct expenses b					
ᅙ		Net income or (loss) from fundraising e		0.			•
	0-	Construction					
	9a	Gross income from gaming activities. See Part IV, line 19 a					1
	l h	Less: direct expenses b				1	
		Net income or (loss) from gaming activ		0.		<u> </u>	_
	1	, ,					
	IVa	Gross sales of inventory, less					İ
	L	returns and allowances a Less: cost of goods sold b					ļ
		Net income or (loss) from sales of invent		0.			
	<u> </u>	Miscellaneous Revenue	Business Code		 .	 	
	44-			Ì			1
	Ι.					 	
	b	•••••				 	+
	C		}			-	
		All other revenue				 	+
		Total. Add lines 11a-11d	· · · · \	0.		 	
	12	Total revenue. See instructions.		111,114.		1	_1

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,287.	2,287.								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors, trustees, and key employees	0.									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	F6 400	0.000	0.000						
7	Other salaries and wages	66,889.	56,489.	8,320.	2,080.						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,787.	2,230.	418.	139.						
9	Other employee benefits	1,841. 6,592.	1,473. 5,609.	276. 784.	92.						
10	Payroll taxes	0,392.	5,609.	764.	199.						
11	Fees for services (non-employees):	0.									
	Management	0.									
	Legal	0.									
	Accounting	0.									
	Lobbying	0.									
f	Investment management fees	1,175.			1,175.						
	Other										
12	Advertising and promotion	157.		157.							
13	Office expenses	7,029.	6,325.	528.	176.						
14	Information technology	12,968.	11,023.	1,297.	648.						
15	Royalties	0.									
16	Occupancy	6,919.	5,535.	1,038.	346.						
17	Travel	2,486.	2,362.	124.	<u> </u>						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.	001	400							
19	Conferences, conventions, and meetings .	1,115.	891.	168.	56.						
20	Interest	0.									
21	Payments to affiliates	0.									
22	Insurance	750.		750.							
23				700.							
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	Affiliate fees	303.		303.							
b											
c											
d											
e											
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	113,298.	94,224.	14,163.	4,911.						
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 campaign and fundraising solicitation										

•		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	2,340.	1	4,591
2	- I	43,861.	2	38,948
3	· · · · · · · · · · · · · · · · · · ·		3	
4			4	
5	· · · · · · · · · · · · · · · · · · ·			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
2 7	Notes and loans receivable, net		7	
Assets 8			8	
ĕ 9			9	
10:	a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation [10b]		10c	-
11		65,799.	11	73,329.
12			12	
13			13	
14		· · · · · · · · · · · · · · · · · · ·	14	· · · · · · · · · · · · · · · · · · ·
15	Other assets. See Part IV, line 11	440.000	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	112,000	16	116,868.
17	Accounts payable and accrued expenses		17	·
18	' '		18	
19	Deferred revenue		19	
<u>,</u> 20	Tax-exempt bond liabilities		20	
<u>ĕ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	· · · · · · · · · · · · · · · · · · ·		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	66.	26	157.
ces	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
[27	Unrestricted net assets		27	
6 28	4		28	
일 29	Permanently restricted net assets		29	
Net Assets or Fund Balance	Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
ह्य 30	Capital stock or trust principal, or current funds	46,135.	30	43,382.
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds	65,799.	32	73,329.
₹ 33		111,934.	33	116,711.
⁻ 34	Total liabilities and net assets/fund balances	112,000.	34	116,868.

Part XI Financial Statements and Reporting								
•			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.			ŀ				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓				
	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 }		I				
	the Single Audit Act and OMB Circular A-133?	3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		ı				

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number Literacy Volunteers of America Bitterroot. Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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 its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c ☐ Type III—Functionally integrated **d** ☐ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes Yes No

Total

Sched	dule A (Form 990 or 990-EZ) 2009						Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)							
	tion A. Public Support		·				
Ca	lendar 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.")						
2	Tax revenues levied for the organization'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		<u> </u>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
<u>6</u>	tion B. Total Support	L	1	<u> </u>			<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(3) 2000	(6, 200.	(4) 2000	(0) 2000	(1) 10141
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · ·				
	tion C. Computation of Public Su			4		144	
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	•			14	<u>%</u>
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33% % support test—2008. If the organization						
U							_
17a	box and stop here. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. By supported or	Explain in Part ganization	IV how the
. •	a.t realization in the organization die		10, 10	, , o, , , r u, o . ,	,	wid 500 iii	

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

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)			
	tion A. Public Support						
Ca	alendar 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.")	93,212.	88,464.	133,022.	79,341 .	109,267.	503,306.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						·
6	Total. Add lines 1 through 5	93,212.	88,464.	133,022.	79,341.	109,267.	503,306.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0.	0.	0.	0.	0.	
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)						503,306.
Sec	tion B. Total Support			<u>.</u>	<u>L</u>		000,000.
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	93,212.	88,464.	133,022.	79,341.	109,267.	503,306.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,561.	6,368.	7,594.	2,251.	1,847.	21,621.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
С	Add lines 10a and 10b	3,561.	6,368.	7,594.	2,251.	1,847.	21,621.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)						524,927.
14	First five years. If the Form 990 is for toganization, check this box and stop in the stop	nere					n 501(c)(3) ▶ □
	tion C. Computation of Public Sup	<u> </u>	 		<u></u> r	- <u>:-</u>	
15 16	Public support percentage for 2009 (line				· · ·	15	96 %
16 Sec	Public support percentage from 2008 S tion D. Computation of Investmen			<u> </u>	<u> </u>	16	96 %
	Investment income percentage for 2009			l bulling 10 as	-1 (6)	17	4 %
17 18	Investment income percentage from 20			-	Diumn (T)) .	18	4 %
19a	33% % support tests—2009. If the orga				և Ind line 15 is m	···	
	17 is not more than 331/4 %, check this bo	ox and stop he	re. The organiz	zation qualifies	as a publicly s	upported orga	nization 🕨 🗹
b	33\% % support tests—2008. If the organi line 18 is not more than 33\% %, check this	box and stop	here. The organ	nization qualifies	s as a publicly s	supported organ	nization 🕨 🗌
<u>20_</u>	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions ► 🔲

chedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV ·	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide Provide any oth	the explanations require	ed by Part II, line 10; n. See instructions.
			••••		
. 					
			•	·····	
			·		
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	······				
,			•		
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,		·			
,					-
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,					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Inspection Name of the organization Employer identification number Literacy Volunteers of America Bitterroot, Inc. 0478575 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X

Page	2

Par	III Organizations Maintaini	ng Collections	of Art, Historica	Treasures, or	Other Similar A	ssets (continued)
3 `	Using the organization's acquisition collection items (check all that appl		other records, chec	ck any of the folk	owing that are a s	ignificant use of its
а	Public exhibition			oan or exchange		
b	Scholarly research		e ∐ 0	ther		
С	Preservation for future general	ions				
4	Provide a description of the organiz Part XIV.	ation's collections	and explain how	they further the	organization's exc	empt purpose in
5	Dunng the year, did the organization assets to be sold to raise funds rathe	solicit or receive do r than to be mainta	onations of art, hist lined as part of the	orical treasures, or organization's co	r other similar llection?	Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to Fo	rm 990, Part
	Is the organization an agent, trusted included on Form 990, Part X? .					ot Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the followin	g table:		
				<u> </u>		mount
C	0 0			 -	<u>c </u>	
d	Additions during the year			–	d	***
е	Distributions during the year			· · · · · -	e	
f	Ending balance					——————————————————————————————————————
	Did the organization include an amilf "Yes," explain the arrangement in	Part XIV.				☐ Yes ☐ No
Par	t V Endowment Funds. Co					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	k (e) Four years back
1a	Beginning of year balance	65,799.	97,114			
b	Contributions	0.	0.			
С	Net investment earnings, gains, and losses	8,705.	(30,593.)			
d	Grants or scholarships	0.	0.			
e	Other expenditures for facilities and programs	0.	0.			
f	Administrative expenses	1,175.	722.			
	End of year balance	73,329.	65,799.			
2	Provide the estimated percentage of	of the year end ba				
а	Board designated or quasi-endown		<u>0</u> %			
b	Permanent endowment ▶					
C	Term endowment ▶ %	6				
3a	Are there endowment funds not in the	e possession of th	ne organization tha	t are held and ad	ministered for the	(a. 1
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
						3a(ii) ✓
_	If "Yes" to 3a(ii), are the related org					3b
4	Describe in Part XIV the intended u				" 40	
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment. See F	orm 990, Part X	, line 10.	
	Description of investment	(a) Cost or ot (investm			Accumulated depreciation	(d) Book value
1a	Land					
	Buildings				<u>_</u>	
	Leasehold improvements					
	Equipment					
	Other					
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, column	(B), line 10(c).)	•	

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives			
Closely-held equity interests			
Other			
			
			
		 	
••••••			
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	
			
		-	
		 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	·	
	(a) Description		(b) Book value
			· · · · · · · · · · · · · · · · · · ·
	-		
			·····
			· ·
			
			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
		_	
		_	
		\dashv	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		
2 FIN 48 Footpote In Part XIV provide the text of	f the footnote to the organi	zation's financial statements that	reports the

organization's liability for uncertain tax positions under FIN 48.

Pobod	tule D (Form 990) 2009		Page (
	t XI Reconciliation of Change in Net Assets from Form 990 to Audit	ted Financial Sta	
			1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	· · · · · -	2
2			3
3	Excess or (deficit) for the year. Subtract line 2 from line 1	–	4
4	Net unrealized gains (losses) on investments	· · · · ⊢	5
5			6
6 7	Investment expenses	-	7
8	Prior period adjustments	· · · · · ⊢	8
9	Total adjustments (net). Add lines 4 through 8		9
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines	🛏	10
_	T XII Reconciliation of Revenue per Audited Financial Statements		per Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	(Ab 1		
C			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	EXVIII Deconciliation of Evnances per Audited Einancial Statement		
	t XIII Reconciliation of Expenses per Audited Financial Statement	ts With Expense	s per Return
1	Total expenses and losses per audited financial statements		s per Return 1
1 2	Total expenses and losses per audited financial statements		
	Total expenses and losses per audited financial statements		
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a	Total expenses and losses per audited financial statements		
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		1
a b c	Total expenses and losses per audited financial statements		1 2e
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1		1
2 a b c d e 3	Total expenses and losses per audited financial statements		1 2e
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		1 2e
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b		2e 3
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b		2e 3
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,		2e 3
2 a b c d e 3 4 a b c 5 Par	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., rt XIV Supplemental Information		2e 3 4c 5
2 a b c d e 3 4 a b c 5 Par	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., rt XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Financial Information Included on Form 990, Part II, lines 3, 5, and 9; Financial Information Included for	Part III, lines 1a and	2e 3 4c 5
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2 a b c d e 3 4 a b c 5 Par	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIV Supplemental Information Total expenses and losses per audited financial statements Amounts included on Form 990, Part II, lines 3, 5, and 9; Part XIV supplemental Information Total expenses and use of facilities Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIV Supplemental Information Total expenses and lines 2; Part XI, line 8; Part XII, lines 2d and 4b; and Papart to provide any additional information.	Part III, lines 1a and rt XIII, lines 2d and	2e 3 4c 5 4; Part IV, lines 1b 4b. Also complete
2 a b c d e 3 4 a b c 5 Part Commandathis Part pur	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., rt XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XIV line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Papart to provide any additional information. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., rt XIV Supplemental Information Part XIV Supplemental Information Total expenses and losses per additional information.	Part III, lines 1a and art XIII, lines 2d and arrings to assist was g to a permanenti	2e 3 4c 5 4; Part IV, lines 1b 4b. Also complete with our exempt y held endowment.
2 a b c d e 3 4 a b c 5 Pat Com and this	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pa part to provide any additional information. And I lines 4: The organization formed a permanent endowment to generate earposes. Donors receive a substantial Montana state tax credit for contributing	Part III, lines 1a and rt XIII, lines 2d and irrings to assist was g to a permanent!	2e 3 4c 5 4; Part IV, lines 1b 4b. Also complete with our exempt y held endowment.

chedule D (Form 990) 2009 Page 5 Part XIV Supplemental Information (continued)					
Part XIV	Supplemental Information (continued)				
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

Open to Public Inspection Employer identification number

Literacy Volunteers of America Bitterroot, Inc.	81 :	04	78575
Part VI, Section A, Question 6: Corporation members are our active volunteers.			
Part VI, Section A, Question 7a: At our annual meeting of the membership, the members	elect new	and return	ning board
members, and then the board members elect the officers.			
Part VI, Section B, Line 11 & 11A: This tax return was provided to all members of the government.	erning bo	ard at the	regular board
meeting on November 2, 2010. The tax return was examined in detail at the board meeting	<u>).</u>		
Part VI, Section B. Question 12c: Once each year, and right after new board members are	installed	l, each boa	rd member
completes and signs a conflict of interest statement, disclosing any potential conflicts of	interest.		
	·		
Part VI, Section C, Question 19: We make our governing documents, conflict of interest p	olicy, an	d financial	statements
available upon request. We also share financial statements in our annual report to the co	mmunity	•	
	· 		
			
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
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