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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)

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A	For th	e 2009 calendar year, or tax year beginning July 1, 2009 , 2009, and endir	g Jun	e 30	, 20 10
В	Check if a	applicable. Please C Name of organization Literacy Council of Alaska		D Employ	er identification number
_		change use IRS label or Doing Business As		92	6010100
	Name ch		rte	E Telepho	ne number
	nitial ret	See 517 Gaffney Road		(907)	456-6212
	Terminat	ed Instruc- City or town, state or country, and ZIP + 4			
	Amende	d return tions. Fairbanks, Alaska 99701		G Gross rea	cerpts \$ 512,166
	\pplicatio	n pending F Name and address of principal officer:	H(a) Is this	a group return	for affiliates? Yes No
		Lisa Baker, 517 Gaffney Rd, Fairbanks, AK 99701	H(b) Are a	il affiliates ii	ncluded? Yes No
1	Tax-exe	empt status	If "No	o," attach a	list (see instructions)
		te: ▶ www.literacycouncilofalaska.org	H(c) Group e	xemption nun	nber ►
_		organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L. Year of format	ion 1974	M State of	legal domicile: AK
Pá	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities:			
•		Our mission is to promote literacy for people of all ages in Fairbanks and t	he Interior o	f Alaska.	Significant
Activities & Governance	_ ا	activities include adult, family, computer and school-age literacy as well as	book and o	omputer	recycling
Ĕ	_				
Š	2 (Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 259	6 of its net asse	ts.	
ತ	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 3	8
Se	4	Number of independent voting members of the governing body (Part VI, line 1)	b)	. 4	0
Σ	5	Total number of employees (Part V, line 2a)		. 5	26
Act	6	Total number of volunteers (estimate if necessary)		. 6	234
	7a -	Total gross unrelated business revenue from Part VIII, column (C), line 12.		. 7a	0
	b	Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990=T line 34.	<u> </u>	. 7b	0
		VECEIVED	Prior Ye	ar	Current Year
	8	Contributions and grants (Part VIII, line 1h)	:	298,081	381,836
Revenue	9 1	Program service revenue (Part VIII, line 1h)		34,974	40,522
ě		Investment income (Part VIII, column (A), lines β, 4, and 7d)		2,438	726
Œ		Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e) (76,974	89,082
	12	Total revenue—add lines 8 through 11 (must equal PartailL)colonn (A) Tine 12)		412,467	512,166
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		291,169	365,198
þ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ŭ	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		126,949	168,118
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		418,118	533,969
		Revenue less expenses. Subtract line 18 from line 12		-5,651	21,803
Assets or			Beginning of Cu		End of Year
sset	20	Total assets (Part X, line 16)		283,424	265,129
¥ E		Total liabilities (Part X, line 26)		10,418	13,926
Net		Net assets or fund balances. Subtract line 21 from line 20		273,006	251,203
Pa	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedard belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on	aules and staten all information	nents, and to of which pro	o the best of my knowledge eparer has any knowledge
			1	01_	_ / \ /
Siç					<i>)</i>
He	re	Signature of office Book Tresided	Date	3	
			 -		
_		Type or print name and title	heck if	Dana a santa a	4-46
		Preparer's se	eff	(see instruct	dentifying number ions)
Paid	d	er	nployed ▶ ∐		
Pre	parer's	Firm's name (or yours			- ·
Use	Only	rf self-employed),	EIN	<u> </u>	
-	Al	address, and ZIP + 4 V	Phone no	D P ()
		IRS discuss this return with the preparer shown above? (see instructions)	· · · · ·	· · · · ·	. Yes No
For	Privad	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No 11	282Y	Form 990 (2009)

Cat No 11282Y

917-19

Form **990** (2009)

Par	III ' Statement of Program Service Accomplishments
1'	Briefly describe the organization's mission: Our mission is to promote literacy for people of all ages in Fairbanks and the Interior of Alaska. Significant
	activities include adult, family, computer and school-age literacy as well as book and computer recycling
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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 \$ 74,905 including grants of \$ 80,092) (Revenue \$ 80,411) Family Literacy Program - provided approximately 1,200 hours of comprehensive literacy services to 21 families.
	Volunteers who participated - 25
	404 500
4b	(Code:) (Expenses \$ 218,632 including grants of \$ 131,599) (Revenue \$ 223,190)
	Book and Computer Recycling Program -
	Free Books Provided - 30,000
	Free Computers Provided - 120
	Volunteers who participated - 47
	Workplace Literacy Students - 7
4c	(Code:) (Expenses \$ 84,406 including grants of \$ 27,000) (Revenue \$ 41,212)
	Adult Literacy Program - provided classroom instruction and tutoring services to 120 adults
	Offered computer literacy to 60 adults
	Volunteer Instructors - 11
	Volunteer Tutors - 50
	Volunteer Librarian - 1
4d 	Other program services. (Describe in Schedule O.) (Expenses \$ 75,975 including grants of \$ 50,500) (Revenue \$ 67,642)
4-	Total program service expenses

rar	Checklist of nequired 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	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		✓
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		1
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	✓	
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	1-70		-
	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
15	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		1
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		1
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		<u> </u>

Pai	t 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		✓
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		✓
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		✓
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		V
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
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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	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		1
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	ļ
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		1
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? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		1
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	t 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	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return	0 L	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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	✓	
4a	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		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	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		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	• • • • • • • • • • • • • • • • • • • •	7-		,
	and services provided to the payor?	7a 7b	-	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	in res, indicate the number of rorms ozoz med during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	.	/
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	<u> </u>	✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ĺ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	
	organization, have excess business holdings at any time during the year?	8	ļ	1
9	Sponsoring organizations maintaining donor advised funds.		}	1
а	Did the organization make any taxable distributions under section 4966?	9a		1
		9b		-
10_	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII line 12			1
a	initiation rees and capital contributions included on rait vin, line 12	ĺ	†	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	1	İ	
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)		ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b n/a		L .	1

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.

Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body						
b	Enter the number of voting members that are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		✓			
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	. •				
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members	70		./			
	of the governing body?	7a 7b		-			
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	1				
	Each committee with authority to act on behalf of the governing body?	8b		1			
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 Inter-	emal					
Rev	enue Code.)			,			
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the		,				
	form?	11		 			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		├─			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	140		 -			
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1			
		1.20					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1			
13	Does the organization have a written whistleblower policy?	13		✓			
14	Does the organization have a written document retention and destruction policy?	14		1			
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	40-		/			
	with a taxable entity during the year?	16a		/			
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		1			
Sec	tion C. Disclosure	102		L. V			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Alaska						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	onlv)				
	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 inte	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: ► Rebecca Magowan, Literacy Council of Alaska, 517 Gaffney Rd., Fairbanks, AK 99701	(907)	456-6	3212			

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.

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	chec	k all	that ap	ply)	Reportable	Reportable	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
Lisa Baker Board Chair	2							0	0	
		✓	✓	-	-	<u> </u>				
Lupe' Grammont Vice Chair	2	 ✓	/					0	0	(
Melissa Rickey	2							0	0	(
Board Secretary Bradley McGinnity	2	/	~					0	0	
Finance Officer	2	✓.	✓			-	ļ	0	U	
Debra Osborn Member	1	1	1					0	0	(
Kerrie Dufseth	1	,	,					0	0	(
Member Jamie Smith	1	1	*	-			\dagger	0	0	· · · · · · · · · · · · · · · · · · ·
Member Linda Wies	'	✓	✓	 	-	-	┼			
Member	1	1	1				L	0	0	
Michael Kolasa Executive Director	40	}		/				49,941	0	
										-

Pai	t VII Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinue	ed)
•	(A)	(B) (C) (D) (E) Average Position (check all that apply) Reportable Reportable			(F)							
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	poly) Reportable compensation from the organization (W-2/1099-MISC		Reportable compensation from related organizations (W-2/1099-MISC)	con	estimated mount of other npensation from the ganization of related ganizations
			<u> </u>		<u> </u>		<u>ā</u>				<u> </u>	
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				-	\vdash						+	
		1										
	Total			<u>. </u>		<u></u>		>	49,941	(100 f		0
2	Total number of individuals (including but reportable compensation from the organization)		το τη	ose	IIST	ea a	above) W	no receivea ma	ore than \$100,0	JUU IN	
												Yes No
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete S							oye 	e, or highest o	compensated	3	
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com _i com	pen Sch	satı edu	on i	from I for s	any	unrelated org	anization for	5	1
Se	ction B. Independent Contractors											· · · · · · · · · · · · · · · · · · ·
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	ende	ent d	contra	acto	rs that receive	d more than \$	00,00	0 of
	(A) Name and business add	dress							(B) Description of s	ervices		C) ensation
n/a												
								├-				
								\vdash				
								L				
2	Total number of independent contractors (i					to	those	list	ed above) who	received		

Form 9		·						Page 9
Part ·	VIII	Statement of Revenue	<u> </u>	:	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>8</u> 8	4-	Fodewood community	1a	0		revenue		512, 513, or 514
Tan I		Federated campaigns	1b	0	1			
g E		Membership dues	1c	28,412				
jifts ar a		Fundraising events	1d	0				1
S, S		Related organizations Government grants (contributions).	1e	269,190				
tion r si	_	All other contributions, gifts, grants,	-					
ibr	•	and similar amounts not included above	1f	84,234	}			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a	-1f \$	0				
g g	ĥ	Total. Add lines 1a-1f		▶	381,836			
흵				Business Code				
ven	2a	Class & Tutoring Fees		n/a	5,631	5,631	0	0
Re	b	Cross-age Tutoring		n/a	10,000	10,000	0	0
Zi Çe	С	Guys & Gals Read Programs		n/a	9,790	9,790	0	0
Program Service Revenue	d	EL Civics Program	• • • • •	n/a	9,000	9,000	0	0
E	e	DOL-Work Experience		n/a	4,101	4,101	0	0
ğ	İ	All other program service revenue Total. Add lines 2a–2f		n/a ▶	2,000	2,000	0	0
				· · · · ·	40,522			
	3	Investment income (including di		_ *	726	726	0	0
	_	- -		🟲	0	0	0	0
	4 5	Income from investment of tax-exer Royalties	npt bon	a proceeas	25	25	9	
	3	(i) Real		(ii) Personal			<u>.</u>	
	60	Gross Rents	0	0				
		Less: rental expenses	0	0				
		Rental income or (loss)	0	0				
		Net rental income or (loss)		>	0	o	0	0
	7a	Gross amount from sales of (i) Secur	ities	(II) Other				
	١	assets other than inventory	0	0		ļ		
	ь	Less: cost or other basis						
	-	and sales expenses .	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)		<u></u> . >	0	0	0	0
Ę	8a	Gross income from fundrai	sing			ļ		
_		events (not including \$						
ě		of contributions reported on line						
<u>-</u>	l .	See Part IV, line 18	_	0				
Other Rever	b	Less: direct expenses Net income or (loss) from fundr	. b		o	o	0	0
U		• •	_	vents	<u> </u>		<u> </u>	-
	9a	Gross income from gaming activ		o				
	۱ ۲	See Part IV, line 19		· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from gamir			0	0	0	0
		Gross sales of inventory,	-			-		
	100	returns and allowances		0				
	ь	Less: cost of goods sold	-					
		Net income or (loss) from sales o		ory >	0	0	0	0
		Miscellaneous Revenue		Business Code				
	11a			n/a	86,362	86,362	0	
	b	" " Refurbished Computers		n/a	2,628	2,628	0	
	c	Other		n/a	67	67	_0	0
	I	All other revenue		L				
	1	Total. Add lines 11a-11d		🟲	89,057	F40.460		
	12	Total revenue. See instructions	<u> </u>	🟲	512,166	512,166	0	0

Part IX: Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	49,940	45,213	4,344	383
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	0	0	0
7	Other salaries and wages	246,354	205,305	40,531	518
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,713	3,448	1,239	26
9	Other employee benefits	35,521	26,494	8,876	151
10	Payroll taxes	28,670	25,029	3,570	71
11	Fees for services (non-employees):	o	ŋ	0	n
	Management	0	0	0	<u>0</u>
b	Legal	3,875	0	3,875	
d	Accounting Lobbying	0	0	0	0
_	Lobbying	0		-	0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	5,189	3,943	0	1,246
13	Office expenses	17,848	15,437	685	1,726
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	50,277	48,635	1,642	0
17	Travel	10,458	10,434	0	24
18	Payments of travel or entertainment expenses	0	o	0	0
40	for any federal, state, or local public officials	3,257	425	2,832	0
19 20	Conferences, conventions, and meetings . Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	6,931	6,065	866	0
23	Insurance	5,041	4,893	148	0
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	AmeriCorps Fees	28,000	28,000	0	0
b	Supplies	32,025	27,470	1,563	2,992
C	Non-depreciable Equipment	579	579	0	0
d	Dues and Fees	2,249	714	715	820
е	Other	2,389	1,834	55	500
_ f	All other expenses Loss on Assets	653	452.049	653	0 457
25 26	Total functional expenses. Add lines 1 through 24f 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	533,969	453,918	71,594	8,457

Pa	rt X	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,153	1	78,996
	2	Savings and temporary cash investments	58,616	2	57,136
	3	Pledges and grants receivable, net		3	56,779
	4	Accounts receivable, net	0	4	2,898
	5	Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
S.	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	817
As	9		11,859		13,756
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or the basis. Complete Part VI of Schedule D	,		10,100
Ì	h	Less: accumulated depreciation 10b 37,007	56,751	10c	53,973
	11	Investments—publicly traded securities	0	11	0
	12	Investments—publicly traded securities	336		774
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	283,424		265,129
	17	Accounts payable and accrued expenses	10,418		13,926
	18	Grants payable		18	0
	19	Deferred revenue	_	19	0
i	20	Tax-exempt bond liabilities	0	20	0
S.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ğ		employees, highest compensated employees, and disqualified		. [
Ë		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	10,418	26	13,926
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	194,699	27	166,030
Ba	28	Temporanly restricted net assets	21,556	28	31,200
Þ	29	Permanently restricted net assets	56,751	29	53,973
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S.	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
let	33	Total net assets or fund balances	273,006	33	251,203
_	34	Total liabilities and net assets/fund balances	283,424	34	265,129

D	4	2
Page		4

Par	t 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.			
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?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		✓

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number **Literacy Council of Alaska** 92 6010100 Reason for Public Charity Status (All organizations must complete this part.) See instructions

				tarity outlies y an or	30	01.00 11.00		010 1110	pa.c., oc	50 11.0010	000000		
The	org	anization is n	ot a private four	idation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)			
1				rches, or association			ribed in s	section 1	70(b)(1)(A)(i).			
2				on 170(b)(1)(A)(ii). (Att									
3				nospital service organ									
4			esearch organiza ame, city, and st	ation operated in conj ate:			spital de	scribed i	n sectior	170(b)(1)(A)(iii).	Ente	r the
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit desection 170(b)(1)(A)(iv). (Complete Part II.)									escrib	ed ir	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(i	o)(1)(A)(v)).			
7	V	_	organization that normally receives a substantial part of its support from a governmental unit or from the coribed in section 170(b)(1)(A)(vi). (Complete Part II.)								the gen	eral p	ublic
8				in section 170(b)(1)	•	Complete	Part II.)						
9				receives: (1) more that									
				ed to its exempt funct									
				ent income and unre						1 511 tax) from t	ousine	esses
	_	acquired by	tne organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete I	art III.)				
10				nd operated exclusive									
11	Ш			ind operated exclusiv									
				blicly supported organated to the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the su									ction
		a ☐ Type				e III-Fun				_			
_				ify that the organizat							Type		
-	ш			in managers and other									
			section 509(a)(2)				, , , , , , , , , , , , , , , , , , , ,		u organii				01,01
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	. Type II	or Type	lil sun	portir	na
			, check this box							, o. 1,pc			<u>"</u> ا
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	iny of the)			_
		following pe	rsons?						•				
				r indirectly controls, e				th persor	s descrit	oed ın (ıi)		Yes	No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatıo	n? .				11g(i)		
				rson described in (i) a		<i>:</i> , ·. ·					11g(ii)		
.			-	of a person described							11g(iii)		
h	Nam	e of supported	(ii) EIN	ation about the supportion (iii) Type of organization		ariizationi organization	<u> </u>	ou notify	(6)	to the	643.4		
(1)		ganization	(ii) Lii4	(described on lines 1-9	in col (1) is	sted in your	the organ	nization in	organizat	is the tion in col		lmount ipport	ы
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?			
					Yes	No	Yes	No	Yes	No			
			· —										
					_								
									<u> </u>				
			}		i	1	1	1	1	1	I		

Sched	tule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec	panizations D ked the box of	Described in on line 5, 7, o	Sections 170 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)(A)(vi)
Sec	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.")	251,799	253,302	261,137	298,081	380,393	1,444,712
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	251,799	253,302	261,137	298,081	380,393	1,444,712
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						0
6	shown on line 11, column (f)						1,444,712
Sec	tion B. Total Support			'			
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	251,799	253,302	261,137	298,081	380,393	1,444,712
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,547	7.332	6,540	2,751	751	23,921
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	74,342	58,183	88,076	122,506	131,022	474,129
11	Total support. Add lines 7 through 10 .						1,942,762
12	Gross receipts from related activities, etc	•	•			12	474,129
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•	ear as a section	n 501(c)(3) ▶ □
	tion C. Computation of Public Su						74 -
14	Public support percentage for 2009 (line		•	, column (f))		14	74 <u>%</u> 77.5 %
15	Public support percentage from 2008 Sci	-	•			15	
16a	33% % support test—2009. If the organi						
	and stop here. The organization qualifies		• • •				· · · · —
b	33% % support test—2008. If the organization gua						_
170	box and stop here. The organization qua 10%-facts-and-circumstances test—20	· ·		_			
174	more, and if the organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a difies as a public	and stop here. Iy supported or	Explain in Part ganization	IV how the

	dule A (Form 990 or 990-EZ) 2009	·					Page
Pal •	Support Schedule for Organ (Complete only if you checked				1)(2)		
	tion A. Public Support						
Ca	llendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	.					
8	Public support (Subtract line 7c from line 6.)		_				
	tion B. Total Support					r	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	 	<u> </u>				-
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						

Đ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for organization, check this box and stop							n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Perce	ntage					
15	Public support percentage for 2009 (lin					15		%_
16	Public support percentage from 2008			<u> </u>	_ 	16		%_
Sec	tion D. Computation of Investmen					· · · · ·	· · ·	
17	Investment income percentage for 200					17		
18	Investment income percentage from 20					18		%
19a	33\% % support tests -2009. If the org 17 is not more than 33\% %, check this b							
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not stop	check a box o here. The orga	n line 14 or line inization qualifie	19a, and line 1 es as a publicly	6 is m suppo	ore than 3 orted organ	33/3 %, and nization ▶ □
20	Private foundation. If the organization							
								or 990-EZ) 2009

chedule A (F	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 to Provide any other	he explanations required er additional information	by Part II, line 10; . See instructions.
		•••••	•		***************************************
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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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions. Name of the organization **Employer identification number** Literacy Council of Alaska 92 : 6010100 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 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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 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 land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a 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 a Total number of conservation easements 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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 7 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. 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: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

b Assets included in Form 990, Part X

Par	t III Organizations Maintaini	ng Collections	of Art, Historic	al Treasures	, or O	ther Similar A	ssets (co	ntinued)
3	Using the organization's acquisition collection items (check all that apply		other records, ch	neck any of the	follow	ing that are a s	ignificant	use of its
а	Public exhibition		d∐	Loan or excha				
b	Scholarly research		e ∐	Other				
C	Preservation for future general							
4	Provide a description of the organize Part XIV.	ation's collections	s and explain ho	w they further	the or	ganızation's ex	empt purp	ose in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ained as part of t	he organization	's colle	ction?	Ye	
Par	Escrow and Custodial A IV, line 9, or reported an				ınswer	ed "Yes" to Fo	rm 990, I	^o art
	is the organization an agent, trusted included on Form 990, Part X?				ons or	other assets no		s 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	ring table:		1		
	_					 	mount	
C	Beginning balance					<u> </u>		
d	Additions during the year							
е	Distributions during the year						- · · · · ·	
f	Ending balance				. <u> 1f</u>			
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.						s 🗌 No
Par	t V Endowment Funds. Co							
		(a) Current year	(b) Prior year	(c) Two years	раск	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	336 456	44				·	
b	Contributions	430			-+		-	
С	Net investment earnings, gains, and losses	-18	-10	7			ļ	
d	Grants or scholarships			-			 	
е	Other expenditures for facilities and programs							
f 9	Administrative expenses End of year balance		33	6				
2	Provide the estimated percentage of	f the year end ba	lance held as.					
а	Board designated or quasi-endown	nent ▶	%					
b	Permanent endowment ▶1	<u>00</u> .%						
C	Term endowment ▶ %	6						
3a	Are there endowment funds not in the	e possession of th	ne organization t	hat are held an	ıd admı	nistered for the	Г	
	organization by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations			abadula DO			3a(ii)	-
ь 4	Describe in Part XIV the intended us				• • •		3b	
Par					art X I	ine 10		
· Gi	Description of investment	(a) Cost or of		Cost or other		ccumulated	(d) Pook	· value
	Description of investment	(investm		isis (other)		preciation	(d) Book	- value
1a	Land							
b	Buildings							40 ===
C	Leasehold improvements	· ·		73.962		27,223		46,739
d	Equipment	• •		12,363		7,634		4,729
e Tota	Other	must equal Form 0	QO Part Y colum	4,655	1	2,150		2,505
1018	. Add mes la unough le (Column (a)	musi equal FUIII 9	JU, FAILA, CUIUM	יי (ט), וווופ זיט(C).	<u>,, , ,</u>	<u> </u>		53.973

Schedule D (Form 990) 2009			Page 3
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 ma	ation. rket value
Financial derivatives			
Closely-held equity interests			
Other Endowment Fund	774	End of Year Market Value	
•			
			· · · · · · · · · · · · · · · · · · ·
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 value Cost or end-of-year ma	ation rket value
			
			
		· · · · · · · · · · · · · · · · · · ·	
			·····
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
	 		
			<u></u>
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
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		7	
		_	
		_	
		-	
		\dashv	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		-	
TOTAL (CONDITION OF THE 23)	L		

Sche	dule D (Form 990) 2009					Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to A	udited Fi	nancial Sta	atem	ents
i	Total revenue (Form 990, Part VIII, column (A), line 12)			L	1	512,166
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	533,969
3	Excess or (deficit) for the year. Subtract line 2 from line 1			L	3	-21,803
4	Net unrealized gains (losses) on investments			L	4	0
5	Donated services and use of facilities				5	366,579
6	Investment expenses				6	0
7	Prior period adjustments			📙	7	0
8	Other (Describe in Part XIV.)				8	0
9	Total adjustments (net). Add lines 4 through 8			L	9	0
10	Excess or (deficit) for the year per audited financial statements. Comb				10	-21,803
	t XII Reconciliation of Revenue per Audited Financial Sta				per	
1	Total revenue, gains, and other support per audited financial statemen	its .			1	898,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	ı	^		
a	Net unrealized gains on investments	2a	 	205.046	-	
p	Donated services and use of facilities	2b 2c	·	395,816	-	
C	Recoveries of prior year grants	2d	-	0	-	
đ	Other (Describe in Part XIV.)		1	<u> </u>	30	205.046
e	Add lines 2a through 2d				2e 3	395,816
3	Subtract line 2e from line 1	, ·			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40]	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	18	1	
b	Other (Describe in Part XIV.)		1	9,644	1 .	0.660
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part !, line				4c 5	9,662
	t XIII Reconciliation of Expenses per Audited Financial St					512,166
					73 pt	929,767
1	·				- '-	323,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	i	395.816		
a	Donated services and use of facilities	2b		<u> </u>	1	
b	Prior year adjustments	2c	 	. 0	i	
ب 2	Other losses	2d		0	1	
d e			1		2e	395,816
3	Add lines 2a through 2d				3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	ı			<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		18		
b	Other (Describe in Part XIV.)	4b			1	
	Add lines 4a and 4b		·		4c	18
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	 I, line	 18.) .		5	533,969
Pai	t XIV Supplemental Information	·			•	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	; and	Part XIII,	lines 2d and		
٧.	4 For support of programs					
						•••••
XII.	46 Temporarily Restricted Revenue					
					• • • • • •	•••••
		· • • • • • • •				
				•••••		
				• • • • • • • • • • • • • • • • • • • •		
				•••••		

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
•		
		• • • • • • • • • • • • • • • • • • • •
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·		· · · · · · · · · · · · · · · · · · ·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

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

20**09**

Open To Public Inspection

Name of the organization Employer identification number **Literacy Council of Alaska** 92 6010100 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations g Special fundraising events Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes
No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity (or retained by) organization col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Comore than \$15,000 on F	implete if the organiza orm 990-EZ, line 6a. L	tion answered "Yes" to ist events with gross r	eceipts greater than \$	ne 18, d 5,000.	r rep	ortec	i
n			(a) Event #1 Spelling Bee (event type)	(b) Event #2 Race (event type)	(c) Other events Fair, Cover-up (total number)	(add c	Total evol (a) to	hrough	1
Revenue	1	Gross receipts	29,849	2,837	2,990			35	,676
æ	2	Less: Chantable contributions	5,987	1,277	0		-	7	,264
	3	minus line 2)	23,862	1,560	2,990			28	,412
	4	Cash pnzes	500	0	0				500
	5	Noncash prizes	2,500	955	0			3	,455
ses	6	Rent/facility costs	2,000	0	0			2	,000
Direct Expenses	7	Food and beverages	0	0	0				0
irect	8	Entertainment	0	0	0				0
Δ	9	Other direct expenses	2,315	1,200	3,166		-	6	,681
	10 11	Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in co ine line 3, column (d), a	olumn (d)		(636) ,776
Pa	rt II	Gaming. Complete if t than \$15,000 on Form	he organization ansv			or rep	orted		
e		than \$10,000 on 1 onn	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming		otal gar		
Revenue	1	Gross revenue		bingo/progressive bingo		COI (a) throug	gn coi	(C))
	·	aross revenue							
enses	2	Cash prizes							
t Exp	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	ļ			
	6	Volunteer labor	☐ No	□ No	□ No				
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	/. Combine line 1, colur	nn d, and line 7					r
9		ter the state(s) in which the o	•	•	· ve?		9a	Yes	No
b		'No," explain:				•			
		ere any of the organization's of	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar?	10a		
b	• If "	'Yes," explain]
11	 Do	es the organization operate g	aming activities with n	onmembers?			11		
12		the organization a grantor, be	-		a partnership or other	entity	40		

sched	dule G (Form 990 or 990-EZ) 2009		· ···			age 3
	•				Yes	No
13	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a	%	1		
b	An outside facility	13b	%	1		
14	Enter the name and address of the person who prepares the organization's gaming, and records:	/speci	al events books			
	Name ▶					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		and the			
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ▶					
16	Gaming manager information:					
	Name ▶	- 				
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independent contracto	r				

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year ▶ \$

Mandatory distributions:

17a

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization **Employer identification number Literacy Council of Alaska** 92 : 6010100 Part I Types of Property (a) (b) (c) (d) Method of determining Check if Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household qoods 6 Cars and other vehicles . 7 Boats and planes Intellectual property . . . 8 9 Securities—Publicly traded Securities-Closely held stock . 10 11 Securities-Partnership, LLC, or trust interests . . . 12 Securities - Miscellaneous Qualified conservation contribution-Historic structures Qualified conservation contribution-Other . . . Real estate-Residential . . 15 Real estate Commercial . . 16 Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . . 104 Other ▶ (.computers...) 25 26 Other ▶ (.....) 27 Other ▶ (.....) Other ▶ (.....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Page	2

	Form 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.
Part I	
The dor	nated books and computers are used in the Computer and Book Recycling Program to further the mission of
the Lite	racy Council of Alaska.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Literacy Council of Al	aska	92	6010100
Part III			
#2 Expanded Scho	ol-age Program to year-round service.		
#4d Expanded Bool	Recycling Program to include sending books to all age groups in	village	& agencies.
#4d School-age Pro	gram		······
Cross-age Stud	dents 19		
Cross-age Tuto	ors (volunteers) 12		
Guys Read Vo	lunteers 75		
Gals Read Vol	unteers 13		
Part VI		·	
#6 The Literacy Co	uncil of Alaska has members. Membership in the LCA shall be ope	n to all	individuals interested
in and supportiv	ve of the stated mission. Regular members are also those who mak	e a dor	nation of \$20 or more
during the fisc	al year or who are active volunteers during the fiscal year.		
#10 The current 99	0 was completed and a copy given to each member of the Board of	Directo	ors during a regularly
scheduled bo	ard meeting.		
#19 The governing	documents of the Literacy Council of Alaska are available to the p	ublic.	The documents,
including the	bylaws, Board of Directors meeting minutes, conflict of interest pol	icy and	financial statements
are retained in	n a binder onsite at the Literacy Council of Alaska. The binder is av	ailable	to the public upon
request.			
#4 Bylaws adjus	sted by unanimous consent of the Board of Directors		
Article IV	Board of Directors		
Article VIII	Committees		

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No 67

Name(s) shown on return
Literacy Council of Alask

Business or activity to which this form relates

Identifying number

	racy Council of Alas	ska	Non-F	Profit Educati	on				92-6010100				
Pai			ertain Property Un sted property, comp			omple	te Part I.						
1	Maximum amount. S		1	\$250,000									
2	Total cost of section	179 property	2										
3	Threshold cost of se	ection 179 pro	3	\$800,000									
4		•	ne 3 from line 2. If ze		•	-		4					
5			btract line 4 from lir			r -0 I	f marned filing						
	separately, see instr							5					
6	(a) [Description of prop		(b) Cost (busin			(c) Elected cost	1					
													
													
7	Listed property Ent												
_			from line 29			17		8					
8								_					
9			naller of line 5 or line	_				9					
10	-		from line 13 of your					10					
11			naller of business income	*			ctions)	11					
12	•		add lines 9 and 10, bu				 .	12					
13			to 2010. Add lines 9			13			<u> </u>				
			w for listed property.										
			owance and Other					<u>(See</u>	instructions.)				
14			or qualified property	y (other than	listed prope	rty) pla	aced in service	ŀ					
	during the tax year (see instruction	ns)					14					
15	Property subject to	section 168(f)(1) election					15	6,931				
16	Other depreciation (including ACR	(S)					16					
Pai	TIII MACRS D	epreciation	Do not include lis	ted property	.) (See instr	uction	s.)						
	· · · · · · · · · · · · · · · · · · ·			Section A									
17	MACRS deductions	for assets pla	ced in service in tax	ears beginnir	ng before 200	9		17					
			ced in service in tax y					17					
		o group any a	ced in service in tax yassets placed in serv	ice during the	tax year inte	o one o	or more general	17					
	If you are electing tasset accounts, che	o group any a ck here	ssets placed in serv	ice during the	tax year into	o one o	or more general		em				
18	If you are electing tasset accounts, che	o group any a ck here	ssets placed in service Durin (c) Basis for depreciation (business/investment use	ice during the	tax year into	o one o	or more general	Syst	em epreciation deduction				
18	If you are electing t asset accounts, che Section B	o group any a ck here —Assets Plac (b) Month and year placed in	ussets placed in serviced in Service Durin (c) Basis for depreciation	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (a) 19a	If you are electing t asset accounts, che Section B	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (a) t	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property 7-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property 7-year property 10-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y	e tax year into	o one o	or more general	Syst					
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to asset accounts, che Section B Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y (d) Recovery period	e tax year into	o one o	or more general	Syst					
(a) (d) (d) (e) (f) (g)	If you are electing to asset accounts, che Section B Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property	o group any a ck here —Assets Plac (b) Month and year placed in	ssets placed in service Durin (c) Basis for depreciation (business/investment use	g 2009 Tax Y (d) Recovery penod	e tax year into	o one o	or more general	Syst					
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		nor any venicie Diumns (a) throu										se exp	ense, con	ipiele o	niy 24a,
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248	Do you have evid							s 🗆 N					e written?		□ No
	(a)	(b)	(c)				(e)		(1)	(g)		(h)		0
Type of property (list Date placed in		Date placed in service	Business/ vestment use	Cost or	(d) Cost or other basis		Basis for depreciation (business/investment		n Rec	overy	Metho	od/ Depreciati			
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25		ciation allowand													
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26	Property used	more than 50%	<u>in a qual</u> %		siness	use:									
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28		ın column (h), lıı		-				ne 21,	page 1		•	28			·
29	Add amounts	ın column (i), lın										· · ·		29	
Com	plete this section	a for vahiolog use		Section							" or rolet	ad nam	on If you	rovidod	vobioloo
	our employees, fi														vernotes
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30				Vehic			icie 2		ncie 3	Ve	chicle 4	ļ ∨∈	thicle 5	(f) Vehicle 6	
	during the year (do not include commuting miles)									 					
31	Total commuting	miles driven during	the year												
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	miles driven .									L					
33		ven during the y		i]	
	lines 30 through			V	NI	V	T N.		1 61-	\		V	· · · · · ·	 	T 61-
34		le available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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35		owner or related									İ				
36		cle available for p	=				 		1			 	†···		
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		Section C-C													
	wer these quest		-				comple	ting Se	ection B	for ve	ehicles us	sed by	employee	s who a	re not
	e than 5% own														
37	Do you mainta	•	icy staten	nent tha	t prohil	bits all	person	al use (of vehic	les, in	cluding o	ommu	iting, by	Yes	No
	your employed		iou ototon	· · ·	t prob		· · ·				ont comm		by your		
38	-	ain a written po ee the instructio	-									_	by your		
39		II use of vehicle			-	•		-,···					. ,		†
40	•	le more than fiv	-	-	-			nforma	tion fro	m you	r employ	ees at	out the		
	•	icles, and retair		-	-										-
41	Do you meet t	he requirement	s concern	ing qua	lified a	utomot	ole den	onstra	tion use	e? (Se	e instruc	tions.)			
		nswer to 37, 38,	39, 40, or	41 is "Y	es," do	not co	mplete S	Section	B for th	e cove	ered vehic	les.			
Pa	rt VI Amor	tization													
	(a)			b)		((c)			(d)	Am	(e) ortizatio:	n	(f)	
	Description	of costs		ortization gins	1 '		ble amour	nt		section	P	enod or	Amort	zation for	this year
42	Amortization	f costs that begin	ne during s	OUR 200	Q tav	par leen	inetalo	tions):			1 be	rcentage	<u>' </u>		
42	ATTORIZATION O	i costo triat Degli	- Juning	7-Jul 200	J LAN YE	ca joet	n iou uC	10110).	-						
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43 Amortization of costs that began before your 2009 tax year
 44 Total. Add amounts in column (f). See the instructions for where to report

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