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Department of the Treasury Internal Revenue Service

## Short Form 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)

➤ Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see Instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

**Open to Public** Inspection

A F	or the	2011 calendar year, or tax year beginning January 1 2010 and ending	Decer	nber 31 20	10		
Bc	heck if ap	oplicable. C Name of organization	D Emp	D Employer identification number			
$\Box$ 4	vddress c	hange Duncan Literacy Council Inc		73-1294716			
==	lame cha		E Tele	Telephone number 580-736-1170  Group Exemption Number ▶			
==	nitial retui ferminate	TOO FILST DUISED METHODIST CHARCH 5300 M COALTA CAD KOND					
≍	vnended	City or town, state or country, and ZIP + 4	F Gro				
	pplicatio	n pending Duncan, OK 73533-3114	_				
					e organization is <b>not</b>		
-	Vebsit				Schedule B		
_		npt status (check only one) — ✓ 501(c)(3)			Z, or 990-PF).		
n ti	ne orga	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization or the organization or a section 527 organization stands or the stands of the stands of the organization chooses to file a return, be sure to file a complete return.  If the organization of the organization or the organization of the organizatio	nay be re	quired (see			
ia	ie 25, c	olumn (B) below) are \$500,000 or more, file Form 990 Instead of Form 990-EZ		<b>▶</b> \$	<b>-0</b> -		
Pi	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions fo	r Part I.)		
		Check if the organization used Schedule O to respond to any question in this Part	<u>1.</u>		🗸		
	1	Contributions, gifts, grants, and similar amounts received		1	878.56		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3			
	4	Investment income		4			
	5a	Gross amount from sale of assets other than inventory 5a		1			
	Ъ	Less: cost or other basis and sales expenses		1			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Gaming and fundraising events		] ]			
d)	а	Gross income from gaming (attach Schedule G if greater than					
Ž		\$15,000)		] ]			
Revenue	þ	Gross income from fundraising events (not including \$ of contribution)	ons				
æ		from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000)  6b		1 1			
	C	Less. direct expenses from gaming and fundraising events . 6c	<del></del>	1 1			
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract				
		line 6c)		6d			
	7a	Gross sales of inventory, less returns and allowances		<u> </u>			
	b	Less: cost of goods sold		<del> </del> _			
	ွင	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other revenue (describe in Schedule O)		9	878,56		
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule O)	· · · · · ·	10	8/8,38		
		Benefits paid to or for members		11			
ĽΩ	11	Salaries, other compensation, and employee benefits		12			
Se	13	Professional fees and other payments to independent contractors		13	<del></del>		
96	14	Occupancy, rent, utilities, and maintenance		14	<del></del>		
Expenses	15	Printing, publications, postage, and shipping		15	440.00		
_	16	Other expenses (describe in Schedule O)		16	2247.21		
	17	Total expenses. Add lines 10 through 16		17	2687.21		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1808.65		
ë	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr					
135		end-of-year figure reported on prior year's return)		19	-0-		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	<del></del>		
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	-1808.65		

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat No 106421

Form 990-EZ (2011)



Form	990-EZ (2011)					Page 2		
Pai	Balance Sheets. (see the instructions Check if the organization used Schedule		ny question in this	Part II				
		o to toopona to a	iy quoonon in tino	(A) Beginning of year	•	(B) End of year		
22	Cash, savings, and investments			6133.60	22	4324 95		
23	Land and buildings				23			
24	Other assets (describe in Schedule O)				24			
25	Total assets			6133.60	_	4324.95		
26	Total liabilities (describe in Schedule O)				26			
27	Net assets or fund balances (line 27 of column			6133.60		4324.95		
Par					=:			
	Check if the organization used Schedule				<b>/</b> D -	Expenses		
What	t Is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)		
			·			anizations and section		
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise m	soments for each of	r its three largest p	rogram services,		7(a)(1) trusts; optional		
perso	ons benefited, and other relevant information for ea	anner, describe ind ach program title.	s services provided	, the number of	for (	others.)		
28	Trained 26 tutors; 18 tutors provided 18 adults with		and individual conta	rt		T		
	provided computer training for job application and e		<del></del>					
	(Grants \$ -0-) If this amount	includes foreign gra	nts check here	▶ □	282	2687.21		
29					200	2007.21		
				Į.				
	(Grants \$ ) If this amount	<b>2</b> 9a						
30					236	1		
Ų.								
	(Grants \$ ) If this amount	includes foreign gra	nte chack hora		30a			
31	Other program services (describe in Schedule O)		ints, Check here		300	1		
0.		includes foreign gra	nto chook horo		24.			
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .		31a 32			
Par								
	Check if the organization used Schedule							
	Officer if the organization used Schedule	T	(c) Reportable	(d) Health benefits,	<del></del>			
(a) Name and address			compensation	contributions to employe				
	(a) Hambana and addition	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	<ul> <li>benefit plans, and deferred compensation</li> </ul>		other compensation		
Suc	Loughridge	<del> </del>	(ii not paid, enter 404)	deterred compensation		<del></del>		
	Loughridge W Chisholm Drive, Duncan, OK 73533	President, 2 hours	,			•		
	· · · · · · · · · · · · · · · · · · ·		-0-	-0	<u>'-</u>	-0-		
	ryl L. Dowell	Director, 10 hours	6500/maath			•		
	W Spruce Avenue, Duncan, OK 73533		\$500/month	-0	<u>'-</u>	-0-		
	Gibbons	Financial Secretary						
	W Elm Avenue, Duncan, OK 73533	4 hours	-0-	-0	)-	-0-		
	lyn Hamlin	Board Member, 2		_		_		
	Walnut Hill Drive, Duncan, OK 73533	hours	-0-	-0	<u>'- -</u>	-0-		
	y Johnson	Board Member, 2	_			_		
	Redbud Avenue, Duncan, OK 73533	hours	-0-	•	<u>`</u>	-0-		
	ryn Clifton	Board Member, 2	_			_		
1520	Newport Lane, Marlow, OK 73055	hours	-0-	-(	}-	<u> </u>		
		Į						
					1			
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		1						

	0-EZ (2011)		P	age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Out the engage time against a second of the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			,
34	•	33		✓
<del></del>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<del>                                     </del>		-
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O	35b	i	├ <del>ॅ</del>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a -0-			١,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
Joa	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	İ	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	300		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
39	Section 501(c)(7) organizations. Enter:	1		ļ
а	Initiation fees and capital contributions included on line 9			ļ
ь	Gross receipts, included on line 9, for public use of club facilities	1	!	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ none ; section 4912 ▶ none ; section 4955 ▶ none			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	}	Ì	Ì
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		1	١.
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<del> </del>	1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	}		
	4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			}
ű	reimbursed by the organization	-	<b>,</b>	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			ļ
	transaction? If "Yes," complete Form 8886-T	40e	ļ	1
41	List the states with which a copy of this return is filed. ► None			
42a			5-335	
_	Located at ► First United Methodist Church, 2300 N Country Club Road, Duncan, OK ZIP + 4 ►	7353	3-3114	
þ	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)?	401	-	No
	If "Yes," enter the name of the foreign country: ▶	42b	<del> </del>	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	1
	and Financial Accounts.	1	Ì	1
C	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c	1	1
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			,
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			1,
_	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	┼─	<b>↓</b> ✓
b	completed instead of Form 990-EZ	44b		1
С		44c	_	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	1	<u> </u>
-	explanation in Schedule O	44d	Ĺ	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1	}	1.
	Form 990-EZ (see instructions)	45b		11
	The state of the s	~~		

Form 990	)-EZ (20	M 1)						F	age 4		
	•							Yes	No		
46	Did th	e organization engage, directly or in	directly, in political c	ampaign activities or	behalf of or i	in opposition					
		ndidates for public office? If "Yes," of					46	<u> </u>	✓		
Part \	Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A										
		501(c)(3) organizations and sections			usts must an	iswer questi	ons 4	7–49I	D C		
		and 52, and complete the tables			_						
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI	<u> </u>					
								Yes	No		
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								Ì		
	-	If "Yes," complete Schedule C, Part			•		47		<b>/</b>		
		organization a school as described in					48		1		
						49a	<u> </u>	1			
<ul> <li>b If "Yes," was the related organization a section 527 organization?</li> <li>Complete this table for the organization's five highest compensated employees (other than officers, directors, times).</li> </ul>						49b		<u> </u>			
50	Comp	plete this table for the organization's	five highest compen	sated employees (ot	her than office	ers, directors,	truste	es an	d key		
	empic	byees) who each received more than	\$100,000 to compet	isation from the orga			nter "N	ione."			
	(a) Na	rme and address of each employee	(b) Title and average	(c) Reportable	(d) Health b	Estimated amount of					
		paid more than \$100 000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a		ther con	her compensation			
NONE			<u> </u>		compens	ation					
NONE											
					<del> </del>						
				İ							
					<del> </del>						
				<del> </del>	<del> </del>						
				-	<del> </del>						
f	Total	number of other employees paid over	er \$100,000 ,	. NON	 E	<del>-</del>					
		plete this table for the organization'		ensated independent	contractors	who each red	ceived	more	than		
	\$100,	000 of compensation from the orga	חו <mark>zation If there is no</mark>	one, enter "None."	_						
(a) (	Name ar	nd address of each independent contractor pai	id more than \$100.000	(b) Type of ser	vice	(c) Con	npensati	ion			
				.,,,							
NONE			·	1							
			·	1	1						
				<del> </del>							
		······································	••••••••	_							
								····			
				-							
				1							
	Total	number of other independent contra	ectors each receiving	over \$100 000	<u> </u>	NONE					
52		ne organization complete Schedule A	~	*	· ————						
JZ		kempt charitable trusts must attach		· / · /		` '	☐ Yes		No		
Under ne		of perjury, I declare that I have examined this i	<del></del>	·							
true, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	has any knowled	ge			,		
	Mal Milhon 10-17-13										
Sign	Signature of officer Date										
Here											
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check if	PTIN				
Prepa					self-employed						
Use (	_	Firm's name ►	Firm's			s EIN 🕨	EIN ►				
		Firm's address ►			Phon						
May th	ie IRS	discuss this return with the prepare	r shown above? See.	instructions			Yes	· 🗀 :	Nο		

## SCHEDULEO (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. Name of the organization Employer Identification number **Duncan Literacy Council Inc** 73-1294716 Part 1 Line 16 Other Expenses: Phone Cost, 182.06; Curriculum 663 84; Computer, Software, Printer 938.64; Student Supplies 361.67 Promotion 101.00