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1. Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

-	nal Revenue		► The organization may ha		f this return to satisf	fy state rep	orting require	ments.	Inspect	ion
<u>A</u>	For the 2	2010 cate	ndar year, or tax year beginnl	ng July 1	, 20 10, a	and ending	June	30	, 20 11	
В	Check if a	pplicable:	C Name of organization Literacy	Council of Alaska			ľ	Employe	r identification r	штрег
	Address c	hange	Doing Business As						92-6010100	
	Name cha	nge	Number and street (or P.O. box if m	sail is not delivered to s	treet address)	Room/suite	E	Telephon	e number	
	Initial retu	m	517 Gaffney Rd.					9	07 456-6212	
	Terminate	d	City or town, state or country, an	d ZIP + 4						
	Amended	return	Fairbanks, AK 99701				le	Grossner	ceipts \$	639,583
	Applicatio	n pending	F Name and address of principal	officer:			H(a) Isthisa	orouso return t	r affiliates? Ye	s / No
			Lisa Baker, 517 Gaffney Rd.,	Fairbanks, AK 99	701		F .		auded? 🔲 Ye	_
$\overline{}$	Tax-exem	pt status:	✓ 501(c)(3) ☐ 50	1(c) () ◀ (insert	no.) 4947(a)(1) or	527	-		st. (see instructio	
j	Website	: Nw	w.literacycouncilofalaska.org				H(c) Group	exemption	number >	
K	Form of or	ganızatıon:	✓ Corporation ☐ Trust ☐ Ass	ociation 🔲 Other 🏲	LY	eer of formati			f legal domicile:	AK
	art I	Summ							- V	
	1 [Briefly de	escribe the organization's mi	ssion or most sig	nificant activities:					
_		-	ion is to promote literacy for	-	<i>*</i>		of Alaska. S	ionificant	activities inch	ude
Activities & Governance	-		hool-age and computer literac	d				2	i	
Ē	-			4		<u> </u>		<u> </u>	·	
Ş	2 (Check th	is box 🕨 🔲 if the organization di	scontinued its operator	ons or disposed of mon	e than 25% o	f its net assets.	01.3	5.75	
Ĝ			of voting members of the go	•			AL. JAN		012	7
45			of independent voting memb		•		S. 1971	4	, 7,7	
흁	1 .		mber of individuals employed	•	• , .	•		5	1°.4 1	21
흦	I -		nber of volunteers (estimate	•	2010 (1 421 7, 1111	Jeu, .		- 6		226
₹			related business revenue from	• •	n (C) line 12			7a		0
	1		lated business taxable incom					76		
		TOL GIAC	iator business texasie incor	10 1101111 0111 000	3-1, 1110 0-4	~ · · i	Prior Yes		Current Y	
	8	Contribu	tions and grants (Part VIII, lir	na 1hì		<u> </u>		381,836		500,670
3	1		service revenue (Part VIII, li	•	· · · · · ·	``'⊢		40,522		37,412
Revenue	1	-	ent income (Part VIII, column			· · ⊢		726	•	608
æ	1		•	• • •	•	· · }-		89,082		100,893
			venue (Part VIII, column (A), I enue—add lines 8 through 11				·	512,166		639,583
_	+					10 12)		0		039,363
			nd similar amounts paid (Pa		•	· ·				
	1		paid to or for members (Par		•	£ 100 }		365,198		418,232
8	1		other compensation, employe				····	0		110,232
Expenses	,		onal fundraising fees (Part IX			· · }-		4		<u>,</u>
និ	1		draising expenses (Part IX, o	• • •				160 110		170 772
_	1		penses (Part IX, column (A),			<u>.</u> ⊢		168,118		170,772
		•	penses. Add lines 13-17 (mu	•		" · ├-		533,969		589,004
		Hevenue	less expenses. Subtract line	9 18 from line 12	<u> </u>	· · ·	eginning of Cur	-21,803	End of Ye	<u>50,579</u>
10 00						۳				
A 25 4	س س		sets (Part X, line 16)			· ·		265,129		318,559
¥			oilities (Part X, line 26)			· · -		13,926		16,777
2,0			ts or fund balances. Subtrac	A line 21 from line	920	<u> </u>		251,203		301,782
	art II		ture Block							
Ur	der penalt	ies of perp	ury, I declare that I have examined the lete. Declaration of preparer (other t	nis return, including ac	companying schedule a all information of whi	is and statem irti ovenever i	tents, and to thi	e best of my doe.	y knowneage and	i belief, it is
	e, coneci,	WILL COMP	The contract of the chart (of the chart)	10.1100, 15 00300				~ />	11/10	
		4	THE YES	<u> </u>				11-00	4-12	
Si		Sign	verture of officier				Date	•		
He	re	_					 	·		
_			e or print name and title					,		
Pa	id	Print/Ty	/pe preparer's name	Preparer's signati	ure	Dat	0	Check [
	epare:	r						self-empl	oyed	
	se Only		name ▶				Firm'	s EIN >		
	_	Firm's	address >				Phor	e no.		
Ma	y the IR	S discus	s this return with the prepare	er shown above?	(see instructions)				. 🔲 Ye	s 🗌 No
Eor	Panaru	ork Roch	ection Act Notice, see the sec	erete instructions		Cet. No	. 11282Y		Form S	90 2010

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Cat. No. 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

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om 69	(2010) Page 2
Part I	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly 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,
	school-age and computer literacy a 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 \$ 89,941 including grants of \$ 97,455) (Revenue \$ 97,455)
	Family Literacy Program - provided approximately 1,200 hours of comprehensive literacy services to 24 families.
	Volunteers who participated - 15

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4b	(Code: ) (Eyponom \$ 220.424 including growth of \$ 450.272 \ (Duranum \$ 250.222 \
40	(Code: ) (Expenses \$ 230,434 including grants of \$ 158,373 ) (Revenue \$ 256,233 )  Book and Computer Recycling Program
	Free Books Provided - 25,000
	Free Computers Provided - 101
	Volunteers who participated - 55
	Workplace Literacy Students - 20
	**************************************
4c	(Code: ) (Expenses \$ 109,762 including grants of \$ 77,000 ) (Revenue \$ 94,575 )
	***************************************
	Adult Literacy Program - Provided classroom instruction and tutoring services to 140 adults
	Provided computer literacy to 40 adults
	Volunteer Instructors - 6
	Volunteer Tutors - 50
	Volunteer Librarian - 1
	***************************************
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
A r.A	Other program services (Describe in Schedule O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ 74,097 including grants of \$ 40,500) (Revenue \$ 57,939)
40	Total program service expenses ► 504,234
-T-7	Form 990 (2010)

	0 (2030)		. 1	Page 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	No
_	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓_	
	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		1
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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.			
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		_	
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	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	11b		1
	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	11c		1
đ	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	11d		1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	110		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14a 14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
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, Parts III and IV	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 (see Instructions)	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	1	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		1
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		1
			990	(2010)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
22	in the United States on Part IX, column (A), fine 1? If "Yes," complete Schedule I, Parts I and II	21		✓
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
	Schedule L, Part IV	28b		1
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)?	35		1
a	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," complete Schedule R, Part V, line 2			
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,			
38	Part VI	37	_	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	n 99¢	(2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	The second of th		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			 -
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			1 1
_	reportable gaming (gambling) winnings to prize winners?	10	\	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
٠.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19]
Ъ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	✓	<u> </u>
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			لــا
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	✓_	—
	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: ▶	79		 -
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a		<u> </u>
Ų	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		├
a	Did the organization receive a payment in excess of \$75 made partty as a contribution and partty for goods			
	and services provided to the payor?	7a		J -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ri—
	required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year		1	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1
9 9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h_	 	-
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	i		
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ł i
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		7
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u>L</u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	440		 _
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		/
	11 166, 166 it nieu a roini rzo to report mose payments? Il No, provide an explanation ill Scredule C .		, <u>99</u> 0	(2010)
				/

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Part '	the second of th			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	s in	Sche	dule
	Check if Schedule O contains a response to any question in this Part Vi			(7)
Section	on A. Governing Body and Management	···	<u> </u>	<u> E1</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 0		ļ	1
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?			,'
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<u> </u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		`
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		✓
•	the year by the following:			,
8	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	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	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
100	Dage the expenience have local electron hypothese or officience?	40-	Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
118	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			<u> </u>
	form?	11a	✓	
b				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	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?			1
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ĺĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	_	-
b				
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
5	organization's exempt status with respect to such arrangements?	16b		✓
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Alaska		····	
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	/) ava	ilable
	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 and financial statements available to the public.	f inter	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Rebecca Magowan, Literacy Council of Alaska, 517 Gaffney Rd., Fairbanks, AK 99701 (907) 456-63		•	·

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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.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no		d org	aniz			ompe	nsa	,	, _ , , , _ , , , , , , , , , , , , , ,	
(A)	(B)			(•			(0)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	~	Officer	8 Key employee	Highest compensated amployee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Lisa Baker	- 2							0	0	0
Board Chair		-	Ш	~	<u> </u>	ļ	_			
(2) Linda Wies Board Secretary	- 2	1		1				0	o	c
(3) Bradley McGinnity Board Finance Officer	- 2	1		1				0	o	C
(4) Debra Osborn Board Vice-Chair	- 2	/					}	0	0	
(5) Lupe' Grammont Board Member	- 1	1						0	0	C
(6) Michael McConahy Board Member	1	1						0	0	C
(7) Kerrie Dufseth Board Member	1	1				İ		0	0	C
(8) Mike Kolasa Executive Director (9)	40				1			53,347	0	C
		ļ	<u> </u>	L	L.	<u> </u>	L	ļ		
(10)										
(11)										
(12)			Γ							
(13)	-									
(14)				T						
(15)	-		Γ	Γ			Γ			
(16)			Γ	_						

Part	Section A. Officers, Directors, Trus	stees, Key	Emple)yo	38, E	and	Highe	est (Compensated	Employees (con	tinued)		
	(A)	(B)				3			(D)	(E)	1	(F)	
	Name and title	Average	Post	ion (d	chec	k e山 f	theit exp	ply)	Reportable	Reportable		Stimete	edi
		hours per	82	5	0	×	e I	T		compensation from	4 4	mount	of
		week (describe	₽₹	Institutional	Officer	Key e	호호	Former	from the	related organizations	١	other	
		hours for	25 2	[동	3	Ž	3 3	₹	organization	(W-2/1099-MISC)		mpense from th	
		related	8 2	圓		employee	Ĕ		(W-2/1099-MISC)			ganizat	
		organizations in Schedule	Individual trustee or director	trustee		8	Highest compensatemployee		ì			nd relat	
		0)	•	8			9	1			"	ganizati	Uris
-				!	L.	_	8.				<u> </u>		
(17)	***************************************	İ			ł	1		ł			}		
				L.,		<u> </u>	ļ	ļ			<u> </u>		
(18)			Ì			1		l			1		
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(19)		1	ł			1	İ		<u> </u>				
			<u> </u>			L			<u></u>				_
(20)	***************************************												
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(21)									}				
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(22)						П							
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(23)						\vdash			<u> </u>		1		
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(24)				一	┢	T		t-	<u> </u>		1 -		
S-1.7				i	l			ļ	ļ		ĺ		
(25)		 	 	├	 -	┢╌		\vdash			 -		
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(26)				⊢	⊢	1-	 -	┢					
(20)		ł				ł			1				
(27)			 -	┝	├─	├	├	\vdash	 		┼		
(27)	***************************************	{					}				}		
(00)			 	-		-		⊢	 		 		
(28)		1	}	l		l	[1	}				
	0.1.1.1	<u> </u>	<u> </u>	1		<u> </u>	1	Ļ			 		
	Sub-total			•	•	•	•		53,347		' 		0
c	Total from continuation sheets to Part			•	•	•	•				<u> </u>		
d_	Total (add lines 1b and 1c)							₽.	53,347	 	<u> </u>		0
2	Total number of individuals (including but		d to th	1056	e lis	ted	abov	B) W	ho received m	ore than \$100,0	00 in		
	reportable compensation from the organ	ization >											
_			_									Ye	s No
3	Did the organization list any former of							emp	ployee, or high	nest compensat		_	نب إــ
	employee on line 1a? If "Yes," complete							•		· · · · ·		3	1
4	For any individual listed on line 1a, is the											- 1	
	organization and related organizations	greater th	ian \$	150	,000)? /	f "Ye	s, "	complete Sch	nedule J for su	ich _	_ _	لـ ـــاــــ
	individual			٠	•		•	•		· · · · ·		1	1
5	Did any person listed on line 1a receive of									zation or individ	uai	[_ []
	for services rendered to the organization	? If "Yes," (сотр	lete	Sci	hedi	ule J	for s	such person	,	. [{	5	✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than \$1	00,000	of	
	compensation from the organization.												
	(A)							Г	(B)			(C)	=
	Name and business add	tress						ł	Description of s	ervices	Comp	ensatio	n
								П					
								Г					
								T		<u>-</u>			
								Т					
-								 					
2	Total number of independent contractor	ns (includio	na hi	ıt r	ta	limit	ed to	th o	nose listed ab	ove) who			1
-	received more than \$100,000 in compens							_ ~		-,			į
				. 5.4			-						90 (2010)
												· · · · · · ·	~~ (CU1U)

t VIII	Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unretated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns 1a	1				
18 b c d e f	Membership dues 1b				ŀ	
C	Fundraising events 1c	30,659	1			
d	Related organizations 1d		i			
l e	Government grants (contributions) 1e	363,329		ļ		
1	All other contributions, gifts, grants,		į.			
	and similar amounts not included above 1	106,682	ŀ	ì		
g	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a-1f		500,670	İ		
		Business Code	550,6.0			
2a	Class & Tutoring Fees	n/a	9,993	9,993		
Ь	Cross-age Tutoring	n/a	10,000	10,000	0	
c	El Civics	n/a	9,000	9,000	o	·····
d	Guys and Gals Read	n/a	5,919	5,919	0	
e	Job Readiness	n/a	2,500	2,500	0	
;	All other program service revenue.	100	2,300	2,300		
g	Total. Add lines 2a-2f	<u></u>	37,412			
3	Investment income (including divide		37,412			
1	and other similar amounts)	ierius, interest,	con		ا	
			608	608	0	
4	Income from investment of tax-exempt b	ona proceeas P	0	<u>.</u>	0	· · · · · · · · · · · · · · · · · · ·
5	Royalties	(ii) Personal	0	0	0	
۱		(ii) Persones		ļ		
68	Gross Rents	 		ł		
Þ	Less: rental expenses	 	ĺ			
C	Rental income or (loss)	<u> </u>	 .			
_d	Net rental income or (loss)	•				
7a	Gross amount from sales of (1) Securities	(ii) Other	1	į		
1 .	assets other than inventory	<u> </u>	į.		1	
l p	Less: cost or other basis		į	i		
1	and sales expenses .	<u> </u>	•			
C	Gain or (loss)	<u> </u>				
d	Net gain or (loss)	<u> ▶ </u>				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
	Can Dark N/ San 10		1	İ		
_			1	l		
1				ŀ		
C	Net income or (loss) from fundraising	events . >				
98	Gross income from gaming activities. See Part IV, line 19]		į.	ļ	
1.			1	ł		
1		Plusition				
C	Net income or (loss) from gaming act					
109	Gross sales of inventory, less returns and allowances]		ł	ļ	
1.						
1	Less: cost of goods sold					
C	Net income or (loss) from sales of inv	····				
	Miscellaneous Revenue	Business Code				
11a		n/a	91,197	91,197	0	
b	Fees for Computers	n/a	3,750	3,750	0	
C	Health Insurance Refund	n/a	5,896	5,896	0	
d	All other revenue	n/a	50	50	0	
θ	Total. Add lines 11a-11d		100,893			
12	Total revenue. See instructions	• 1	639,583	138,913	o!	

Part IX Statement of Functional Expenses

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

All other organizations must complete columns (B), (C), and

	All other organizations must complete col not include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	, 9b, and 10b of Part VIII.			(D) Fundralsing expenses
1	Grants and other assistance to governments and				·
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				, , , ,
7	Other salaries and wages	316,588	265,673	50,185	730
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	5,860	4,453	1,391	16
9	Other employee benefits	66,080	54,850	11,132	98
10	Payroli taxes	29,704	26,427	3,220	57
11 a	Fees for services (non-employees): Management				
Ь	Legal				
c	Accounting	8.000		8,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1			
1	Investment management fees				
g	Other				
12	Advertising and promotion [3,987	3,410		577
13	Office expenses	20,267	18,607	528	1,132
14	Information technology		··· ·· · 		
15	Royalties				
16	Occupancy	53,409	51,463	1,946	
17 18	Payments of travel or entertainment expenses	14,199	14,121		78
10	for any federal, state, or local public officials	770	500		270
19	Conferences, conventions, and meetings .		300		
20	Interest	~			
21	Payments to affiliates				··
22	Depreciation, depletion, and amortization .	7,548	6,605	943	
23	Insurance	5,166	5,062	104	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	ł		İ	
а	Supplies	34,219	32,195	1,274	750
b	AmeriCorps Fees	18,000	18,000	7,	
c	Dues & Fees	2.236	637	629	970
d	Non-depreciable equipment	130	8	122	
Θ	Other	2,841	2,223	103	515
f	All other expenses	57,426	53,063	2,128	2,235
25	Total functional expenses. Add lines 1 through 24f	589,004	504,234	79,577	5,193
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Рa	irt X	Balance Sheet	······································		
			(A) Beginning of year		(B) End of year
l	1	Cash—non-interest-bearing	78,996	1	124,772
ŀ	2	Savings and temporary cash investments	57,136	2	57,483
ı	3	Pledges and grants receivable, net	56,779	3	67,203
	4	Accounts receivable, net	2,898	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		. <u>.</u> 5	
22	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	817	8	1,349
- 1	9	Prepaid expenses and deferred charges	13.756		13,181
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 92,23;	2		
	b	Less: accumulated depreciation 10b 40,000	53,973	10c	52,223
ı	11	Investments—publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
į	12	Investments—other securities. See Part IV, line 11	774	12	2,348
i	13	Investments—program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	265,129	16	318,559
\neg	17	Accounts payable and accrued expenses	13,926	17	16,777
1	18	Grants payable		18	
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
喜	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Į.	23	Secured mortgages and notes payable to unrelated third parties		23	
ŀ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
- 1	26	Total liabilities. Add lines 17 through 25	13,926	26	16,777
883		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	166,030	27	193,948
풀	28	Temporanly restricted net assets	31,200		55,611
9	29	Permanently restricted net assets	53,973	29	52,223
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
g	30	Capital stock or trust principal, or current funds		30	·
198	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ᅗ	33	Total net assets or fund balances	251,203	33	301,782
-	34	Total liabilities and net assets/fund balances	265,129	34	318,559
					Form 990 (2010)

Form 8	90 (2010)		P:	age 12
Par				*************************************
	Check if Schedule O contains a response to any question in this Part XI	<u>···</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Takal to	—_		18,112
3				1,944
4				6,168
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1,203
6	Other changes in net assets or fund balances (explain in Schedule O)			4,411
U	actume /DN			
Part			30	1,782
1 61	Check if Schedule O contains a response to any question in this Part XII			
	The second of th	$\dot{-}\dot{-}$		
1	Accounting method used to prepare the Form 990: Cash Accrual Other	$\overline{}$	Yes	No
·	If the organization changed its method of accounting from a prior year or checked "Other," explain in			١,
	Schedule O.			Ιi
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
ь	Were the organization's financial statements audited by an independent accountant?	2a 2b	-	 -,-
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	20	-	<u> </u>
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		١,	1
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c	-	ļ
	Schedule O.		ĺ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			Li
•	issued on a separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1 1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		<u> </u>	
	the Single Audit Act and OMB Circular A-133?	3.0		1
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	3ъ		1
			-	

SCHEDULE A (Form 990 or 990-EZ)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Public Charity Status and Public Support

2010

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

Open to Public

OMB No. 1545-0047

	► At	tach to Form 990 or Fo	rm 990-E	Z. ► See :	separate l	instruction	ns.		•	
						6	imployer id	entification	number	
			- t - At				· . <u></u>			
Reason I	or Public Chai	TTY STATUS (All organ	nization	s must c	omplete	this par	rt.) See ii	nstructio	ns.	
					90 IN 59 C	17U	וואראוניונים	} -		
					cartion 1	700-1/41/	AVSS			
A medical rese	earch organization	n operated in conjunc	ction with	a hospit	al descrit	ea ni bec	ction 17(X(b) (1)(A)(iii). Enter the	
•					***********					
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
A federal, state	e, or local govern	ment or governmenta	al unit de:	scribed in	section	170(ъ)(1)(A)(v).			
				its suppo	ort from a	governr	nentał un	it or from	the general	public
An organization	on that normally	receives: (1) more tha	ın 331/3%	of its su	pport fro	om contri	butions,	members	hip fees, and	gross
support from	acuviues related	ito its exempt luncti nt income and unrel	ions—sui ated hus	Dject to (sinces to:	entaine) vable inc	cceptions	i, and (2)	no more	than 331/196	eti 10
acquired by th	e organization a	fter June 30, 1975. Se	e sectio	n 509(a)(î	21. (Com	olete Pari	13 36000 1 (11)	ii Jii Wa	k) IIOIII DUSII	162262
							-	41_		
									or to carry o	ut the
purposes of o	me or more pub	licly supported organ	rizations	describe	d in secti	ion 509(a	1)(1) or se	ection 509	3(a)(2). See se	ection
_						=		1e throug	jh 11h. -	
		-					-			
other than fou	rus DOX, I Certify	mat the organization i	IS NOT CO	mtrolled d	lirectly or	indirectly	y by one	or more o	disqualified pe	ersons
		15 and outer than one	e or more	publicay	support	90 organi	zauons c	escribed	in section 50	9(a)(1)
		written determination	n from 1	the IRS t	that it is	a Type	i. Tvoe i	l. or Tvo	e III supporti	na
									· · · ·	
		ne organization accep	oted any	gift or co	oitudirtno	n from a	ny of the	•		
- -										T
								orin (n) ar		No
		•	•				• • •		h	
• • •	•	***								
								• •		
	(iii) EIN	(iii) Type of organization								af
organization	ļ.	above or IRC section			oot.(i)	of your	(i) organi	zed in the	support	
		(see instructions))	Van	No						
			163		162	140	763	140		
			1					1		
	Reason forganization is not A church, con A school described in section 170(b) A federal, state An organization section 170(b) An organization acquired by the An organization support from acquired by the An organization of Sos (i) An organization of Sos (ii) An organization of Sos (iii) A person (iii) A family multiple (iii) A 35% con and the section for the section for the organization of the organizat	of the organization acy Council of Alaska Telegramization is not a private foundation of Achurch, convention of church is A school described in section in A church, convention of church is A school described in section in A medical research organization hospital's name, city, and state is section 170(b)(1)(A)(iv). (Compile A federal, state, or local governorm is An organization that normally described in section 170(b)(1)(a) in A community trust described in section 170(b)(1)(b)(1)(a) in A community trust described in section 170(b)(1)(b)(1)(a) in An organization that normally receipts from activities related support from gross investme acquired by the organization and in An organization organized and in An organization organized and in Durposes of one or more pubes 509(a)(3). Check the box that companization is a interest of the organization received a organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization, check this box. I certify the organization organization received a organization, check this box. I certify the organization organization received a organization organization received a organization	Attach to Form 890 or Ford the organization acy Council of Alaska Reason for Public Charity Status (All organorganization is not a private foundation because it is: (Form A church, convention of churches, or association of A school described in section 170(b)(1)(A)(ii). (Attact A hospital or a cooperative hospital service organization hospital's name, city, and state: An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governments described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantiate described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more that receipts from activities related to its exempt function support from gross investment income and unreleacquired by the organization after June 30, 1975. Section 170(b)(1)(A)(a)(a)(b)(a)(a)(a)(a)(a)(a)(a)(b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	Attach to Form 990 or Form 990-E of the organization acy Council of Alaska TI Reason for Public Charity Status (All organizations acy Council of Alaska TI Reason for Public Charity Status (All organizations acy Council of Alaska TI Reason for Public Charity Status (All organizations acy Council of Alaska TI Reason for Public Charity Status (All organizations acy Council of Alaska TI Reason for Public Charity Status (All organizations acy Council of Alaska TI Reason for Public Charity Status (All organizations) A church, convention of churches, or association of churches A school described in section 170(b)(1)(A)(ii). (Attach Scheding A medical research organization operated in conjunction with hospital's name, city, and state: An organization operated for the benefit of a college or unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit dee An organization that normally receives a substantial part of described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(A)(vi). (Complete Part	Attach to Form 990 or Form 990-EZ. See of the organization of the organization acy Council of Alaska **Reason for Public Charity Status (All organizations must corganization is not a private foundation because it is: (For lines 1 through 1 A church, convention of churches, or association of churches described A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in a medical research organization operated in conjunction with a hospit hospital's name, city, and state: An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives a substantial part of its support described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33½% of its support from gross investment income and unrelated business ta acquired by the organization after June 30, 1975. See section 509(a)(iii) A) organization organized and operated exclusively to test for public supposes of one or more publicly supported organizations described 509(a)(3). Check the box that describes the type of supporting organization and in the organization is not controlled other than foundation managers and other than one or more publicly or section 509(a)(2). If the organization received a written determination from the IRS to organization, check this box. Since August 17, 2006, has the organization accepted any gift or organization, check this box. Since August 17, 2006, has the organization accepted any gift or organization organization received a written determination from the IRS to organization organization received entity of a person described in (i) above? (ii) A family member of a person described in (i) above? (iii) A family m	Attach to Form 990 or Form 990-EZ. See separate of the organization acy Council of Alaska Reason for Public Charity Status (All organizations must complete organization is not a private foundation because it is: (For lines 1 through 11, check A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital describ hospital's name, city, and state: An organization operated for the benefit of a college or university owned or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section A norganization that normally receives a substantial part of its support from a described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A norganization organization and operated exclusively to test for public safety. Se An organization organization and operated exclusively for the benefit of, to purposes of one or more publicly supported organizations described in section 190(a)(A). By checking this box, I certify that the organization is not controlled directly or other than foundation managers and other	Attach to Form 990 or Form 990-EZ. No See separate Instruction of the organization acy Council of Alaska Reason for Public Charity Status (All organizations must complete this pai organization is not a private foundation because it is: (For lines 1 through 11, check only one A church, convention of churches, or association of churches described in section 170(a) (1)(A)(ii). (Attach Schedule E.) A chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) and medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from conting receipts from activities related to its exempt functions—subject to certain exceptions support from gross investment income and unrelated business taxable income (escipts from activities related to its exempt functions—subject to certain exceptions acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform in purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete than foundation managers and other than one or more publicly supported organization, check this box.	Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions. Reason for Public Charity Status (All organizations must complete this part.) See in organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A medical research organization operated for the benefit of a college or university owned or operated by a gore section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33¹/3% of its support from contributions, receipts from activities related to its exempt functions—subject to certain exceptions, and (2) support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 509(a)(1) or se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 a Type b Type II c Type III-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by	Revenue Service P Attach to Form 990-EZ. See separate Instructions. Employer Identification acy Council of Alaska Employer Identification acy Council of Alaska See Instruction Se	Attach to Form 990 or Form 990-EZ. See separate Instructions. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Reason for Public Charity Status (All organizations must complete this part.) See instructions. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Altach Schedule E.) A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iii). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 331/39/6 of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/39/6 support from gross investment income and unrelated business taxable income (less section 501(a)(4). An organization organized and operated exclusively to test for public safety. See section 501(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry or purposes of one or more publicly supported organization and complete lines 11e through 11h. A public properation of the properated exclusively for the benefit of, to perform the functions of or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. A person who directly or

Cat. No. 11285F

Schedule A (Form 980 or 990-EZ) 2010

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 Calendar year (or fiscal year beginning in) (c) 2008 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 253,302 261,137 298,081 380,393 499.735 1,692,649 include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 253,302 261,137 298.081 380.393 499,736 1,692,649 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 1,692,649 Section B. Total Support (b) 2007 (a) 2006 (c) 2008 Calendar year (or fiscal year beginning in) (d) 2009 (e) 2010 (f) Total 253,302 261,137 298.081 380,393 499,736 1,692,649 Gross income from interest, dividends, payments received on securities loans. 7.332 6,540 2,751 751 608 17,982 rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 58,183 88,076 122,506 131,022 138,305 538,092 (Explain in Part IV.) 11 Total support. Add lines 7 through 10 2,248,723 12 538.092 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 74 % 15 15 16a 331/2% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 3312% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 3312% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu Parti	e A (Form 990 or 990-EZ) 2010	4 P	8:31: S :	1 6007 1501			Page 3
rari	Support Schedule for Organization (Complete only if you checked the	rtions Descr	ibed in Sect	ion 509(a)(2)	inadian dallad	٠الله من الله	de-Ded II
	if the organization fails to qualify	under the te	sts listed hel	n ii uite organi ow please o	molete Part	to quality un	ider Part II.
Secti	on A. Public Support	2.1.00. 0.0 10	oto notog och	ow, picase o	anpicte rest		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			}			
3	organization's tax-exempt purpose		·		}	· · · · · · · · · · · · · · · · · · ·	<u> </u>
•	unrelated trade or business under section 513		}	}	}		1
4	Tax revenues levied for the						
•	organization's benefit and either paid	ı	į	Ì			
	to or expended on its behalf						
5	The value of services or facilities						1
	furnished by a governmental unit to the						
_	organization without charge						ļ <u></u>
6 72	Total. Add lines 1 through 5		<u> </u>	 	ļ		
,,	received from disqualified persons .		1				
ь	Amounts included on lines 2 and 3						
•	received from other than disqualified	1		ì			ł
	persons that exceed the greater of \$5,000			ł	ĺ		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1	ļ		1	}
Casei	ine 6.)		L	<u> </u>	L		<u> </u>
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(4) 2000	(1) 2007	(6) 2000	(4) 2003	(6) 2010	(1) 1000
10a	Gross income from interest, dividends,			 			1
	payments received on securities loans, rents,		i	ļ			1
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ł				•
	acquired after June 30, 1975						
44	Add lines 10a and 10b		 	 	 	<u> </u>	
11	activities not included in line 10b, whether						
	or not the business is regularly carried on				ļ	l	
12	Other income. Do not include gain or		 				
	loss from the sale of capital assets	1			}		
	(Explain in Part IV.)		<u> </u>	<u></u>			
13	Total support. (Add lines 9, 10c, 11,		ļ				
44	and 12.)		n's first soons	ad third fourth	or fifth toy w	oor oo o coot	100 501(c)(3)
14	organization, check this box and stop he						
Sect	on C. Computation of Public Support						
15	Public support percentage for 2010 (line			13. column (f))		15	%
16	Public support percentage from 2009 Sci	•	_			16	%
Sect	on D. Computation of Investment In						
17	Investment income percentage for 2010			-			%
18	Investment income percentage from 200					18	%
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box 331/3% support tests—2009. If the organize	-	_			-	
b	line 18 is not more than 331/5%, check this						
	mie i die ii die ii die die i de la la la la la la la la la la la la la						

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

Schedule A (F	Page 4								
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	rage 4							

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SCHEDULE D (Form 990)

Supplemental Financial Statements

201**0**

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer Identification numb **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 1 Total number at end of year 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 ☐ 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 purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)
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 . 28 b Total acreage restricted by conservation easements . **2**b Number of conservation easements on a certified historic structure included in (a) . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐Yes ☐No 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2010

Cat. No. 52283D

Schedul	e D (Fè	pm 990) 2010									Page 2
Part	111	Organizations Maintaining	Collections of	Art. Hist	torical T	reasures.	or Ot	her Similar A	ssets (conti	
3	Usin colle	g the organization's acquisition, action items (check all that apply):	accession, and oti	her recor	ds, chec	k any of the	o follow	ving that are a	significa	ant us	e of its
a		Public exhibition		d l	□ Loa	n or exchar	nae na	orams			
b		Scholarly research					• •				
C	$\overline{\Box}$	Preservation for future generation	ns	•							
4		ide a description of the organizat		nd expla	in how t	hey further t	the org	anization's exe	empt pui	rpose	in Part
	XIV.										
5	Duri asse	ng the year, did the organization ats to be sold to raise funds rather	solicit or receive of than to be mainta	donation ined as p	s of ent, l part of the	historical tr e organizatio	easure: on's co	s, or other sim dection?		Yes	□ No
Part	IV	Escrow and Custodial Arra line 9, or reported an amoun				anization a	inswe	red "Yes" to I	Form 99	10, Pa	ert IV,
18	is th	e organization an agent, trustee, ided on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contributi	ons or	other assets			
ь		es," explain the arrangement in Pa					• •		· Ц	Yes	□No
			•						Amount		
C	Begi	inning balance	. .				10				
d	Add	itions during the year	. .				1d				
е	Dist	nbutions during the year					1e				
f	End	ing balance					11				
2a	Did '	the organization include an amour	nt on Form 990, Pa	art X, line	217 .				. 🗆	Yes	□No
b	If "Y	es," explain the arrangement in Pa	art XIV.								_
Par	t V	Endowment Funds. Comple	ete if the organiz	ation an	swered	"Yes" to F	om 9	90, Part IV, lir	ne 10.		
			(a) Current yeer	(b) Prix	or year	(c) Two year	s back	(d) Three years be	ack (e) F	our yea	rs back
1a	Beg	inning of year balance	774		336		443]
b	Con	tributions	1,385		456						
C	Net	investment earnings, gains, and									1
	loss	es	189		-18		-107	:	1		}
d	Gran	nts or scholarships									J
Θ	Oth	er expenditures for facilities and									1
	prog	grams				l					
f	Adn	ninistrative expenses									
8	End	of year balance	2,348		774		336				}
2	Prov	ride the estimated percentage of t	he year end balan	ce held a	is:	_					
a		rd designated or quasi-endowner	nt 🕨	_%							
b	Peri	manent endowment > 1	00 %								
C		m endowment ▶ %									
3a	Are	there endowment funds not in the	e possession of the	ne organi:	zation th	at are held	and ad	ministered for	the		
	_	anization by:								Ye	
	(i)	unrelated organizations							. За	0	1
	(ii)	related organizations							. <u>3a</u>	(ii)	1
b		es" to 3a(ii), are the related organ							. 3	b	1
4	Des	cribe in Part XIV the intended uses									
Par	t VI	Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.					
		Description of Investment	(a) Cost or of (investm			or other basis other)		Accumulated apreciation	(d) I	Book va	due
18	Lan	d	•								
ь	Buil	dings									
c	Lea	sehold improvements				72,962		32,154			40,808
d	Equ	ipment				10,157		4,550			5,607
•	Oth	er			<u> </u>	9,113		3,304			5,809
Total	. Add	lines 1a through 1e. (Column (d) n	nust equal Form 9:	90, Part)	X, columi	n (B), line 10)(c).)	. " , " ▶			52,224

Schedule D (Form 990) 2010

hedde D (Fbm 990) 2010 Part VII Investments - Other Securitie	See See Form 000 Part V	line 12	Page
(a) Description of security or category	(b) Book value	(c) Method of va	shanting.
(including name of security)		Cost or end-of-year	
) Financial derivatives			
Closely-held equity interests			
Other			
(A) Endowment Fund	2,348	End of Year Market Value	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) tel. (Column (b) must equal Form 990, Part X, col. (B) line 12.) I			······
			
art VIII Investments-Program Relat	ed. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of vi	
		Cost or end-of-year	market value
1)			
2)			· · · · · · · · · · · · · · · · · · ·
3)			
4)			
5)			
<u>6)</u>			
7)			
8)			······································
9)			
0) htal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) I	>		
Part IX Other Assets. See Form 990,		<u> </u>	
Calci Faccas CCC Form CCC,	(a) Description		(b) Book value
1)			2,00000
2)		***************************************	
3)			
4)			
5)			
6)			
7)			
6) 7) 8) 9)			
7) 8) 9) 0)			
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X,			
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99	0, Part X, line 25.		
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99 (a) Description of liability			
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99 (a) Description of liability (1) Federal income taxes	0, Part X, line 25.		
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99 (a) Description of liability (1) Federal income taxes (2)	0, Part X, line 25.		
7) 8) 9) 0) ortal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99 (a) Description of liability (1) Federal income taxes 2)	0, Part X, line 25.		
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 99 (a) Description of liability (1) Federal income taxes (2)	0, Part X, line 25.		

Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(8) (9) (10) (11)

Part	e D (Form 990) 2010 Proposition of Change in Not Assets from Form 200 to A	uditant Firms int Otata		Page 4
1	Reconciliation of Change in Net Assets from Form 990 to A Total revenue (Form 990, Part VIII, column (A), line 12)			
2			1	
3	Total expenses (Form 990, Part IX, column (A), line 25)		2	······································
	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (fosses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		В	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part	XII Reconciliation of Revenue per Audited Financial Statement	<u>ents With Revenue pe</u>	r Retu	m
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
8	Net unrealized gains on investments	2a	1 1	
ь	Donated services and use of facilities	2b	7 1	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV.)		7	
е	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	140	1	
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		┥┰┊	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
_				<u></u>
				wri
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	1	
8	Donated services and use of facilities	2a		
Ь	Prior year adjustments	25	_	
C	Other losses			
d	Other (Describe in Part XIV.)	2d	_	į
0	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III			
	XIV Supplemental Information			<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and	I O: Part III lings 1a and 4	Part IV	lines 1h and 2r
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII			
	dditional information.	, 11103 24 214 40. 7430 00	itipicto .	allo part to provido
•				
V.4	For support of programs			
XI, XI	, XIII Financial Statements not audited for FY11			
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

			8	chedule D (Form 990) 2010

Schedule D (For	m 990) 2010 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	1 230

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••••		***************************************
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	***************************************	
		Schedule D (Form 990) 2010



#### - SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization enswered "Yes" to Form 990, Part IV, tines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, tine 8s.

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

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

	. are ar Barretton					Employer identific	stion number
Litera	cy Council of Alaska					92-	6010100
Part	Fundraising Activities Form 990-EZ filers are	. Complete if the	he organiza	ation ansv	vered "Yes" to Fo	erm 990, Part IV, I	ine 17.
1							<del></del>
=	Indicate whether the organization	on raised tunds	unongu suž	of the folk	owing activities. Ch	eck all that apply.	
8	Mail solicitations				on of non-governm		
Þ	Internet and email solicitation	ons			on of government	grants	
C	☐ Phone solicitations		9 9	Special 1	fundraising events		
đ	☐ In-person solicitations						
<b>2a</b>	Did the organization have a writer or key employees listed in Form	itten or oral agre n 990. Part VII) o	ement with	any individual connection v	dual (including office with professional fu	ers, directors, trus	tees Yes 🗹 No
b	If "Yes," list the ten highest pair compensated at least \$5,000 b	d individuals or	entities (fun	draisers) p	ursuant to agreeme	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody (	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount peld to (or retained by) organization
			Yes	No		······································	
1		}					
2				<del> </del>			
3							
4				<del> </del>	-		
5							
6		<b> </b>					
7	· · · · · · · · · · · · · · · · · · ·		1			<del></del>	
8		<del></del>	1				
9			<del> </del>		1		
40		<del>-}</del>	<del></del>	<del> </del>	<del> </del>		<del>  </del>
10			<u> </u>	<u> </u>			
Total				▶			
3	List all states in which the organistration or licensing.	anization is regi	Stered or IIC	ensed to s	iolicit contributions	or has been noun	ed it is exempt from
Alask	a						
	***************************************			***************************************		•	***********************
~~~~~							

	v v						

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			•••••				
	***************************************			*******			

Cat. No. 50083H

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

Schedule	G (Form	990 or	990-FZ1	2010

Page 2

		than \$15,000 of fundraising gross receipts greater than	g event contributions n \$5,000.	and gross income on	Form 990-EZ, lines 1 a	nd 6b. List events with
•			(a) Event #1 Spelling Bee (avent type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (d))
Revenue	1 2	Gross receipts Less: Charitable contributions	21,902			21,902
	3	Gross income (line 1 minus line 2)	21,902			21,902
	4	Cash prizes	500			500
	5	Noncash prizes	2,500			2,500
Sesu	6	Rent/facility costs	1,500			1,500
Direct Expenses	7	Food and beverages	300			300
Direc	8	Entertainment				
	9	Other direct expenses .	346			346
Pa	10 11 rt III	Direct expense summary. Ad- Net income summary. Combi Gaming. Complete if the	ine line 3, column (d), a	nd line 10		(5,146) 16,756
		than \$15,000 on Form 99			, , u. , , , , , , , , , , , , , , , , ,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>«</u>	1	Gross revenue				
1888	2	Cash prizes	· · · · · · · · · · · · · · · · · ·			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	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	.	
8	a is	nter the state(s) in which the org the organization licensed to org "No," explain:	perate gaming activities	in each of these states	?	Yes No
10		Vere any of the organization's ga	_		ited during the tax year	

hedul	le G (Form 990 or 990-EZ) 2010		Page 3
11 [*] 12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	☐ Yes	□ No
3	Indicate the percentage of gaming activity operated in:	☐ Yes	☐ No
a	The organization's facility		- %
ь 4	An outside facility	· · · · · · · · · · · · · · · · · · ·	%
•	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	Tes	⊔ NO
C			
	Name ▶		
	Address ▶		
6	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
7 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	□ No
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 > \$		_
art	Supplemental Information. Complete this part to provide the explanations required by Part I, I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also corpart to provide any additional information (see instructions).	ine 2b, nplete ti	nis
		······································	

	Schedule G (Form	990 or 990	EZ) 201

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open To Public Inspection

Employer Identification number

_	cy Council of Alaska				İ	92-601010	00		
Part	Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash com amounts repo Form 990, Part 1	orted on	Method o			
1	Art-Works of art								
2	Art—Historical treasures					 			
3	Art-Fractional interests						-		
4	Books and publications	1		·		 			
5	Clothing and household goods								
6	Cars and other vehicles			· · · · · · · · · · · · · · · · · · ·	······································				
7	Boats and planes					1			
8	Intellectual property								
9	Securities-Publicly traded					 			
10	Securities Closely held stock .			···		<u> </u>			
11	Securities—Partnership, LLC,								
	or trust interests					Ì			
12	Securities Miscellaneous					 			
13	Qualified conservation					 			
	contribution—Historic								
	structures			i		1			
14	Qualified conservation								
• •	contribution—Other								
15	Real estate - Residential			 		····			
16	Real estate—Commercial	 							
17	Real estate—Other					}			
18	Collectibles					 			
			 			 			
19	Food inventory	<u> </u>				 			
20	Drugs and medical supplies					 		-	
21	Taxidermy	<u> </u>				<u> </u>			
22	Historical artifacts		<u> </u>			 			
23	Scientific specimens	<u> </u>				ļ			
24	Archeological artifacts					 			
25	Other ► (computers)	/	120		0	<u>'</u>			
26	Other > (ļ		 			
27	Other ► (ļ		 			
28	Other ► (<u> </u>		l <u></u>		 			
29	Number of Forms 8283 received]]			
	which the organization completed	i Form 828	3, Part IV, Donee Acknowle	agement	• • •	29			
								Yes	NO
30a	During the year, did the organiza	tion receive	e by contribution any prope	erty reported in	Part I, line	s 1-28 that	1		
	it must hold for at least three year						L		
	used for exempt purposes for the	entire hold	ling period?			· • •	30a		1
ь	If "Yes," describe the arrangement								
31	Does the organization have a	gift accep	stance policy that require	s the review	of any no	on-standard			i
	contributions?						31		1
32a	Does the organization hire or us	e third par	ties or related organization	s to solicit, pro	cess, or s	ell noncash			
	contributions?						32a		1
ь	If "Yes," describe in Part II.								
33	If the organization did not report a	n amount ir	o column (c) for a type of pro	perty for which	column (a)	is checked,	}		

	(Form 990) (2010)
Pařt 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 1	he donated books and computers are used in the Computer and Book Recycling Programs to further the mission
	of the Literacy Council of Alaska.
	······································
••••••	
••••••	
,,	

Schedule M (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer Identification number Literacy Council of Alaska 92-6010100 Part III #4d School-age Program Cross-age Students - 27 Cross-age Tutors (volunteers) - 27 Guys Read Volunteers - 52 Gals Read Volunteers - 30 After School Tutors - 22 Part VI #6 The Literacy Council of Alaska has members. Membership in the Literacy Council of Alaska is open to all individuals interested in and supportive of the stated mission. Regular members are also those who make a donation of \$20 or more during the fiscal year or who are active volunteers during the fiscal year. #11a The current 990 was completed and a copy given to each member of the Board of Directors during a regularly scheduled meeting. b The finance committee reviews the 990 before it is filed at a special meeting called for that purpose. #13 The Whistle Blower policy is being developed at the time of filing this form. #19 The governing documents of the Literacy Council of Alaska are available to the public. The documents, including the bylaws, Board of Directors meeting minutes, conflict of Interest policy and financial statements are retained in a binder onsite at the Literacy Council of Alaska. The binder is available to the public upon request. Part XII A Finance Committee was established for this purpose

· Forth 4	562		Depreciation	on and A	mortization)	<u> </u>	MB No. 1545-0172
			Including Inform	nation on	Listed Prope	rty)		2010
	nt of the Treasury evenue Service (99)		e separate instruction		► Attach to you			Attachment Sequence No. 67
	shown on return				hich this form relates			tying number
Literac	y Council of Alask	8	Non-Pi	rofit Education	1		J	92-6010100
Part			tain Property Unc			<u> </u>		
	Note: If you	have any liste	d property, comple	te Part V be	fore you comp	lete Part I.		
	laximum amount	•	•				1	
			placed in service (se				2	
			perty before reduction				3	
			ne 3 from line 2. If zer otract line 4 from lir				4	
	eparately, see ins					•	_	
6		escription of proper	<u></u> lv		ness use only)	(c) Elected cost	5	
<u> </u>			'	144 000.1000		(a) contra cont		
								
7 L	isted property. En	ter the amount	from line 29		7			
			roperty. Add amount				8	
			aller of line 5 or line 8				9	
			from line 13 of your				10	
11 8	lusiness income lim	itation. Enter the	smaller of business inc	come (not less	than zero) or line	5 (see instructions)	11	
			dd lines 9 and 10, bu			11	12	
13 C	arryover of disalk	wed deduction	to 2011. Add lines 9	and 10, less	line 12 ▶ 1	3		
			v for listed property.					· · · · · · · · · · · · · · · · · · ·
Part						le listed property.) (See i	nstructions.)
	pecial depreciati luring the tax year		or qualified property	(otner than	listed property)	placed in service		
	_	•	1) election	• • • •			14	
	Ther depreciation		^\				15	7,54
			o not include listed	I property)	See instruction	is)	10	7,341
		F. CO.LUCI. (2	- 1101 110101010	Section A	(555 11.51.451.51			
17 N	AACRS deduction	s for assets place	ced in service in tax y		ng before 2010		17	f
			ssets placed in serv				Г	
a	sset accounts, ch							
	Section			g 2010 Tax Y	ear Using the G	eneral Depreciation	Syst	em
	assification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) E	epreciation deduction
19a	3-year property	_						
<u> </u>	5-year property	-				 -	<u> </u>	
	7-year property	4		 			1-	
	10-year property 15-year property	-{		 	 		\vdash	
	20-year property	- {		 			├	
	25-year property	-{		25 yrs.		S/L	 	
	Residential rental	-		27.5 yrs.	ММ	5/L	 -	
	property		<u> </u>	27.5 yrs	MM	5/L	 	
	Nonresidential rea	d		39 yrs.	MM	S/L	\vdash	
	property			30 3. 5.	MM	S/L	 	
	Section C	-Assets Place	d in Service Durina	2010 Tax Ye		emative Depreciation	on Sy	stern
20a	Class life			<u> </u>	,	5/L	1	
	12-year	1 :		12 yrs.		5/L		
	40-year			40 yrs.	MM	S/L		
	V Summary	(See instruction	ns.)					
	isted property. Er						21	
22 1	otal. Add amount	s from line 12, la	ines 14 through 17, lir					
а	ind on the appropri	ate lines of your	return. Partnerships ar	nd S corporation	ons—see instructi	ons	22	1

For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

Cat. No. 12906N

Form 4562 (2010)

the year (do not include commuting miles) 13 Total other personal (noncommuting) miles during the year. 23 Total other personal (noncommuting) miles during the year. 24 Total other personal (noncommuting) miles during the year. 25 Was the vehicle available for personal use value of the vehicle used primarily by a more than 5% owner or related person? 26 Is another vehicle available for personal use? 26 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees 27 Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are of the things of the personal (see instructions). 27 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 28 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 29 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 29 Do you treat all use of vehicles by employees as personal use? 20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 20 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). 20 Description of costs that begins during your 2010 tax year (see instructions): 21 Amortization of costs that begins during your 2010 tax year (see instructions):	24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreclation and Other Information (Caution). See the instructions for limits for passenger automobiles.) B Dy ou have enderon to support the business/mestment use claimed? Pee et et et et et et et et et et et et e		t V Listed entert	Propert	y (Include	de autor , or amus	nobile	s, cert	ain oti	ner ve	hicles	, certa	in cor	nputers	s, and	prope	rty us	Page 2 ed fo
28a Du to have envisione to support the business/investment use claimser?	a Do you have enclares to support the business/investment use claimed?													lease e	expens	е, сотр	let e on	iy 24
Property list of places in service in the places of the pl	to the place of property filts their places of		Section A	Depreci	ation and	Other Inf	ormatic	on (Cat	ution: S	See the	instru	ctions f	or limits	for pas	senger	automo	obiles.)	
Special depreciation allowards Convention Conventio	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use; Property used more than 50% in a qualified business use; Property used more than 50% in a qualified business use; Property used more than 50% in a qualified business use; Property used more than 50% in a qualified business use; Property used solve fees in a qualified property fees fees in structions; Property used solve fees in a qualified fees fees fees fees fees fees fees fe	24a			pport the bus													☐ No
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (f), lines 25 Entrough 27, Enter here and on line 21, page 1 29 Add amounts in column (f), lines 25 Entrough 27, Enter here and on line 7, page 1 29 Add amounts in column (f), lines 25 Entrough 27, Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles 29 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person, if you provided vehicle or you'remployees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year and the proprietor partner, or other "more than 5% owner or related person (less of the personal use) 31 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 31 Was the vehicle available for personal use driven during off-tuty hours? 32 Total other personal (noncommuting) miles driven during off-tuty hours? 33 Was the vehicle available for personal use? 34 Was the vehicle available for personal use? 35 Was the vehicle available for personal use? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all used of vehicles by em	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 25 Property used more than 50% in a qualified business use: 94		of property (list	Date placed	Business/ investment use				for depred		Recover		ethod/		reciation	Be	cted sect	ion 179
the tax year and used more than 50% in a qualified business use (see instructions). 25 Property used more than 50% of in a qualified business use: Ye	the tax year and used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: 94	 25	Special dep	reciation a		or qualifie	d listed	prope		ced in	service	during	<u> </u>			_	, ,	
94 S/L - S	Property used 50% or less in a qualified business use: 96 97 98 99 100 100 100 100 100 100 100 100 100												-	L				
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are than 5% owner or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person? Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so instructions) Source than 5% owners or related person (so in	Property used 50% or less in a qualified business use: 94 94 5/L - 6/L -	26_	Property use	d more tha	an 50% in	a quatified	i busine	ess use	:									
27 Property used 50% or less in a qualified business use: 94 5/1 94 5/1 28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 7, page 1 28 29 29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 7, page 1 28 29 20 Section 8 — Information on Use of Vehicles 20 Total business/investment miles driven during the year (iii) this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle 1 20 Vehicle 1 (iii) (Property used 50% or less in a qualified business use: 36							<u> </u>										
27 Property used 50% or less in a qualified business use:	Property used 50% or less in a qualified business use: 94													L			~~	
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	Total. Add amounts in column (f). See the instructions for where to report	43																