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DLN: 93493135074133

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

A Fo	r the 2	2011 ca	lendar year, or tax year be	 ginning 07-01-2011	and ending 0	6-30-2012			<u> </u>
B Ch	eck if ap	pplicable	C Name of organization		_			D Employer id	entification number
	Iress ch		PROLITERACY WORLDWIDE				_	16-60763	34
┌ _{Na}	me char	nge	Doing Business As				_	E Telephone n	umber
	ıal retur		Novel or and stored (or B.O. b.		1.1	VI D /	_	(315)422-	9121
_	mınated		Number and street (or P O bo 104 MARCELLUS STREET	ox ir maii is not delivere	a to street address) Room/suite	e	G Gross receipts	s \$ 12,317,762
_				1.770			_		
_	ended r		City or town, state or country, SYRACUSE, NY 13204	, and ZIP + 4					
J Apı	olication	n pending							
			F Name and address of	of principal officer				ıs a group retur	
			DAVID C HARVEY 104 MARCELLUS STRI	≣ET			affilia	ates?	⊤Yes 🔽 No
			SYRACUSE,NY 13204	1			H(b) Are a	II affiliates inclu	ded?
							If"N	o," attach a list	t (see instructions)
I Ta	x-exem	pt status	▼ 501(c)(3)) ◀ (ınsert no) △	1947(a)(1) or	527	H(c) Grou	up exemption n	umber ►
J W	ebsite	e:▶ HT	TP //WWW PROLITERACY	ORG/					
			Corporation Trust Asse	ociation Other 🕨			L Year of fo	rmation 2002	M State of legal domicile NY
Pa	rt I	Sum	mary						
Governance	- -	COMMU THEY SE THE CAI TECHNO	ERACY CHAMPIONS THE NITIES, AND SOCIETIES ERVE, ALONG WITH LOCA PACITY AND QUALITY OF DLOGY, AND LEARN ENGL	PROLITERACY W LL, NATIONAL, AN F PROGRAMS THA ISH AS A NEW LA	ORKS WITH OUD INTERNATION OF ARE TEACHINGUAGE	JR MEMBE DNAL ORG NG ADULT	ERS, PARTN SANIZATIO TS TO REAL	ERS, AND THE NS PROLITER D, WRITE, COM	ADULT LEARNERS ACY HELPS BUILD PUTE, USE
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Activities &	l		of voting members of the go					3	21
ξ	l		of independent voting mem mber of individuals employe	-				. 4	20
ব	l		mber of maividuals employed			ille Za) .	• •	6	20
	l		elated business revenue fr	• •				7a	0
			lated business taxable inco					7a 7b	0
			Tara Babillood taxabid lilet		.,	-	Pric	or Year	Current Year
	8	Contri	butions and grants (Part VI	II line 1h)				2,593,812	2,719,175
횰	9		m service revenue (Part VI			5,989,984	5,712,013		
Revenue	10	_	ment income (Part VIII, co					1,776,849	63,142
걆	11		revenue (Part VIII, columr					70,259	46,709
	12		evenue—add lines 8 throug			•			,
								10,430,904	8,541,039
	13		and similar amounts paid	. , , , , , , , , , , , , , , , , , , ,			368,165		168,358
	14		ts paid to or for members (F		-		0		0
\$?	15	Salarıe 5-10)	es, other compensation, em	ployee benefits (Pa		4,061,059	3,995,548		
ž	16a	,	sional fundraising fees (Pai	rt IX. column (A.). lu	ne 11e)			0	0
Expenses	ь		ndraising expenses (Part IX, colui						
Ω	17		expenses (Part IX, column					5,547,776	6,196,736
	18		expenses Add lines 13–17					9,977,000	10,360,642
	19		ue less expenses Subtract					453,904	-1,819,603
<u>8</u> 8			'				Beginnin	g of Current	End of Year
Not Assets or Fund Balances							—	rear	
Ass IBa	20		ssets (Part X, line 16) .					9,967,018	8,426,313
¥ 5	21		iabilities (Part X, line 26)					3,845,714	4,060,117
	22		sets or fund balances Sub	tract line 21 from li	ne 20			6,121,304	4,366,196
	rt II		ature Block erjury, I declare that I have ex	ramined this return	including accom	nanyina sch	adulas and s	tatements and	to the best of my
know			f, it is true, correct, and comp						
		****						013-05-15	
Sign Here		Signa	ture of officer				D	ate	
HOP	e		N MORGAN CHAIR						
пет		. = 1vbe	or print name and title						
—		.,,,,	or print name and title		1	1			
		Preparer	's L		Date 2013-05-13	Ch se	neck if	Preparer's taxpa	ayer identification number s)
——Paid		<u> </u>	's L			se			
Paid Prep	arer's	Preparer signature	LINDA GABOR CPA	AMOUR CPAS PLLC		se	lf	(see instruction P00964862	s)
——Paid		Preparer signature Firm's na if self-er	LINDA GABOR CPA ame (or yours GROSSMAN ST	AMOUR CPAS PLLC ETTE STREET SUITE 900	2013-05-13	se	lf	(see instruction	s)
Paid Prepa		Preparer signature Firm's na if self-er	LINDA GABOR CPA ame (or yours GROSSMAN ST	ETTE STREET SUITE 900	2013-05-13	se	lf	(see instruction P00964862	780

	(Exper	ises \$ 	213,624	including grants of 8,036,51	<u> </u>) (Revenu	e \$)
4d		program services	•	•	- -) /D		•
				CTS THAT SUPPORT AND IN A FUNCTIONING WOR		MATION ABOUT LITER	ACY TO THE PUBLIC,	COMMUNITIES AND
	(Code) (Expenses \$	213,624	including grants of \$) (Revenue \$)
				W READERS PRESS, PR TS AND OLDER TEENS T				WITH THE INSTRUCTIONAL
4c	(Code) (Expenses \$	4,828,231	including grants of \$) (Revenue \$	5,314,090)
	COMMU	NITY BASED ORGANIZA	ALIONS					
				ING PROVIDES STRAT	EGIC POSITIONING AN	D LITERACY PROGRAM	1 DEVELOPMENT AND	COORDINATION WITH
4b	(Code) (Expenses \$	804,954	including grants of \$) (Revenue \$	444,632)
	PROGR <i>A</i>	M AND PROFESSIONA	L SERVICES - D		SSISTED OVER 1200 LIT	ERACY GROUPS AND	THEIR VOLUNTEERS	AND STUDENTS THROUGH
4 —— 4a	expense	es Section 501(c and allocations to)(3) and 501	ervice accomplishn (c)(4) organizations otal expenses, and 2,189,710	s and section 4947	(a)(1) trusts are each program se	required to repor	
		describe these c						
3	service	s [?]		, or make significar	it changes in now i	t conducts, any p		Yes V No
-	•	describe these n			- -			
2	the prio	r Form 990 or 990)-EZ?	nıfıcant program se	ervices during the y	ear which were n		Yes 🔽 No
LO C PRO	AL, NAT	ONAL, AND INTE	ERNATIONA	WITH OUR MEMBE L ORGANIZATION S TO READ, WRIT	NS PROLITERACY	' HELPS BUILD T	HE CAPACITY A	
PRO	LITERAC	Y CHAMPIONS T	HE POWER	OF LITERACY TO				ILLIES, COMMUNITIES,
1		describe the organ			descion in this i are			,
Par				ervice Accomp		III		.

Form 990 (<u> </u>
Part IV	Checklist of Required Schedules

	Chestilist of Required Confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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	Yes	
c	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		No
d	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 88			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	163	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Was the organization a party to a prohibited toy shelter transfer at a section of the transfer at	F.		NI -
a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
_	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
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 required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
_	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
b	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by			
С	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c	14=		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 21 Enter the number of voting members included in line 1a, above, who are 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, NV, CA, CO, CT, FL, GA, HI, IL, IN, KS, $\mathsf{KY}\,\mathsf{,ME}\,\mathsf{,MD}\,\mathsf{,MA}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MS}\,\mathsf{,MO}\,\mathsf{,NV}\,\mathsf{,NH}\,\mathsf{,NJ}\,\mathsf{,NM}\,\mathsf{,}$ NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , UT , VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization DAVID MARBLE 104 MARCELLUS STREET

SYRACUSE, NY 13204 (315) 422-9121

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		M13C)	organizations	
(1) BRUNO-VAN VIJFEIJKEN TOSCA DIRECTOR	2 00	х						0	0	0	
(2) CLAIBORNE SHERRIE DIRECTOR	2 00	х						0	0	0	
(3) COLVIN RUTH DIRECTOR	10 00	х						0	0	0	
(4) DAW SHARI DIRECTOR	2 00	х						0	0	0	
(5) DUPREY ANNE SECRETARY	10 00	х		Х				О	0	0	
(6) FISCOE TOM TREASURER	10 00	х		Х				0	0	0	
(7) FOX BRIAN DIRECTOR	2 00	х						0	0	0	
(8) GIMENES AIRTON DIRECTOR	2 00	х						0	0	0	
(9) HARVEY DAVID CHIEF EXECUTIVE OFFICER	60 00	х		Х				226,103	0	7,124	
(10) JONES DONNA DIRECTOR	2 00	х						0	0	0	
(11) KOCHIAN ED DIRECTOR	2 00	х						0	0	0	
(12) LAUBACH DR BOB DIRECTOR	10 00	х						0	0	0	
(13) MORGAN KEVIN CHAIR	10 00	х		Х				0	0	0	
(14) SRINIVASAN SEETHA DIRECTOR	2 00	х						0	0	0	
(15) STAPLES AMB GEORGE DIRECTOR	2 00	х						0	0	0	
(16) WARD JOHN VICE CHAIR	10 00	х		Х				0	0	0	
(17) WEST EMILY DIRECTOR	2 00	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe	on (de e than s per office ector,	n one son er ai	e bo is b nd a	x, oth		(D Repori compen from organizat 2/1099-	table sation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former					organiza		
(18) ZICKEFOOSE JOHN DIRECTOR	2 00	Х							0		0		0	
(19) ZOLLAR NIKKI DIRECTOR	2 00	х							0		0		0	
(20) LAWTON RICK VICE CHAIR	10 00	х		Х					0		0		0	
(21) REDER STEVE DIRECTOR	2 00	х							0		0		0	
(22) MILLER NANETTE CHIEF FINANCIAL OFFICER	40 00			Х					97,979		0		32	
(23) WAITE PETER EXECUTIVE VICE PRESIDENT	60 00					Х			110,726		0		6,667	
(24) MCGONIGEL MARY SENIOR VICE PRESIDENT	40 00					х			115,534		0		3,061	
							•							
d Total (add lines 1b and 1c) .			• •	•	•		•		550,342		0		16,884	
2 Total number of individuals (incli							r) who	o received		n	<u> </u>		10,004	
\$100,000 of reportable compens							,							
												Yes	No	
3 Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch								or highest o	compens	ated employee			1	
4 For any individual listed on line 1								other com	ensation	from the	3		No	
organization and related organiza														
5 Did any person listed on line 1a	receive or accru	e comp	• ensa	• tıon	fron	n anvı	• unrel	lated organ	· ·	or individual for	4	Yes		
services rendered to the organiz											5		No	
Section B. Independent Con	tractors													
Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest compen the organization													
	(A) ne and business add	Iress							Desci	(B) uption of services		(C Comper		
STINSON MORRISON HECKER LLP 1775 PENNSYLVANIA AVENUE NW SUITE WASHINGTON, DC 20006								LE	GAL CONS			138,880		
											\dashv			
											7			
2 Total number of independent conti \$100,000 of compensation from t			ot lım	ııted	to t	those I	ıste	d above) w	ho receiv	ed more than	\top			

Form 9								Page 9
Part \	/ /	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
1ts	1a	Federated cam	paigns 1a	6,894				
	b	Membership du	es 1b	120,754				
% He	c	Fundraising eve	ents 1 c					
<u>≅,≅</u>	d	Related organiz	rations 1d					
ωŒ.	e	Government grant						
uatio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,428,160				
ē	g		butions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶	2,719,175			
	"	Total: Add line.		Business Code	_,,,_,,			
TI e	2a	PUBLICATIONS		511130	5,314,090	5,314,090		
e.	ь	CONFERENCE INC	OME	611710	199,364	199,364		
Program Serwoe Revenue	c	TRAINING AND AC	CREDITA	611710	198,559	198,559		
¥	d				·			
å ⊊	e		_					
_rar	f	All other progra	am service revenue					
چ	g	Total. Add lines	s 2a – 2f		5,712,013			
	3		ome (including dividen		, ,			
		and other simil	aramounts)	▶ [116,830			116,830
	4		tment of tax-exempt bond	`				
	5	Royalties	() D					
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
	_	Traction in Co.	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,723,035					
	Ь	Less cost or other basis and sales expenses	3,776,723					
	C	Gain or (loss)	-53,688	▶	-53,688			-53,688
	d 8a	Net gain or (los Gross income f		ı	-33,000			-33,000
Other Revenue		events (not inc \$	 s reported on line 1c)					
Ā	ь	less directex	penses b					
₹	c		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19					
	b c		penses b (loss) from gaming acti	vities				
		Gross sales of returns and allo	inventory, less					
	ь	=	oods sold b					
	С	Net income or i	(loss) from sales of inv	entory ► Business Code				
	11a	OTHER INCOM		999999	46,709	46,709		
	ь	O THER INCOM	16	-	, -	, -		
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		46,709			
	12	Total revenue.	See Instructions .	▶	8,541,039	5,758,722	0	63,142

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	76,058	76,058		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	92,300	92,300		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	331,238		331,238	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,141,757	2,673,400	157,585	310,772
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	185,652	125,762	25,604	34,286
10	Payroll taxes	336,901	204,475	63,941	68,485
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
c	Accounting				_
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g.	Other	2,459,411	2,065,014	219,639	174,758
12	Advertising and promotion	2,133,111	2,003,011	215,035	17 1,730
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	570,343	386,988	139,814	43,541
17	Travel	505,656	339,875	· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses for any federal,	303,636	339,673	102,126	63,655
10	state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	59,816	38,955	15,907	4,954
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,905	33,153	13,537	4,215
23	Insurance				
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)				
а	PRINTING AND PUBLICATIO	1,455,665	1,362,184	20,599	72,882
b	POSTAGE, DELIVERY AND S	570,713	519,979	5,949	44,785
c	BAD DEBT EXPENSE	333,334			333,334
d	TELEPHONE AND COMMUNICA	113,289	71,513	30,384	11,392
e					
f	All other expenses	77,604	46,863	20,661	10,080
25	Total functional expenses. Add lines 1 through 24f	10,360,642	8,036,519	1,146,984	1,177,139
26	Joint costs. Check here ▶ ☐ If following		-,.55,525	_,_ ,_ ,,,,,,,	
	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		<u>I</u>		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 179.483 258.407 1 1 2 2 3 1,165,405 3 213,589 522.728 507.724 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 7,332 Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 1.056.658 8 923.434 9 66.789 9 125.853 Prepaid expenses and deferred charges 1,105,909 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 403,839 277,029 b Less accumulated depreciation 10c 702,070 4,087,002 3,489,480 11 11 2,464,081 2,032,694 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 147,843 15 15 165,730 9.967.018 8,426,313 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 863,383 1,169,000 17 17 Accounts payable and accrued expenses . 18 18 19 119,583 19 0 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1.451.669 23 1,801,669 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,411,079 25 1,089,448 D 26 3,845,714 26 4,060,117 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 899,476 -34,334 Unrestricted net assets 3,011,796 28 2,111,224 28 Temporarily restricted net assets Fund 29 2,210,032 29 2,289,306 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 6.121.304 33 4.366.196 34 Total liabilities and net assets/fund balances 9.967.018 34 8.426.313

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,5	541,03
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,360,6		
3	Revenue less expenses Subtract line 2 from line 1	3	-1,819,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,1	121,30
5	Other changes in net assets or fund balances (explain in Schedule O)	5			64,49
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,3	366,190
Pai	TEXTI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493135074133

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization PROLITERACY WORLDWIDE

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

16-6076384

В-		Dono	for D.	.blic Charity Cta	•••• / A II o w		na must sam	nloto this	110-60/6			
	rt I			ublic Charity Sta te foundation becaus		_		•	<u> </u>	instructioi	15	
1	rigaiii											
2	<u>'</u>		•	•	or association of churches section 170(b)(1)(A)(i). b)(1)(A)(ii). (Attach Schedule E)							
_	<u> </u>							170/b)/:	1)(A)(:::)			
3	<u> </u>			operative hospital se						(4) (4) (***)		
4	ı	hospital's name, city, and state		•	ted in conjunction with a hospital described in section 170(b)(1)(A)(iii). Ente						. Enter the	
5	Γ	An orga	ınızatıon op	perated for the benefi	t of a college	e or univer	sity owned or	operated by	' a governmeı	ntal unıt de	scribed in	
				(A)(iv). (Complete P								
6	Г	A feder	al, state, o	r local government o	r governmen	tal unit de	scribed in sect	ion 170(b)	(1)(A)(v).			
7	Γ	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of It	s support fron	n a governn	nental unit or	from the ge	eneral publ	IC
8	Г			t described in sectio		A)(vi) (C	omplete Part I	Ι)				
9	, V								ributions me	mbershin fe	ees, and or	055
-	,	_		•	(1) more than 331/3% of its support from contributions, membership fees tempt functions—subject to certain exceptions, and (2) no more than 331/							
				ross investment inco								c
		• • •	_	ganization after June				·		. tax/iioiii	Dusinesse	3
0	_			ganization after June ganized and operated								
1	<u>'</u>	_		-					nctions of, or to carry out the pur		ıt tha nıırn	f
e	one or more publicly supported organi the box that describes the type of sup a Type I b Type By checking this box I certify that the		oorting organ I c	Type I	d complete lin II - Functiona	es 11e thro Illy integrat	ugh 11h ed	d	pe III - O	ther		
f g	,	By checking this box, I certify that the ore other than foundation managers and other section 509(a)(2) If the organization received a written detecheck this box Since August 17, 2006, has the organiza			her than one etermination	or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sect	ion 509(a)(1) or
			g persons? rson who d	, irectly or indirectly c	ontrols eith	er alone o	r together with	nersons de	escribed in (ii	1	Yes	s No
				governing body of th			_	persons de	escribed iii (ii		1g(i)	140
		٠, ,				_	124110111				1g(ii)	+
		• •	•	•	• •	l ın (ı) above? escrıbed ın (ı) or (ıı) above?						-
L										1.	Lg(iii)	
h		Provide	the followi	ng information about	the support	eu organiz	ation(s)					
(i) Name of supported organization		e of (ii) (described on rted EIN lines 1-9 above or IRC section		pe of Is the organization in col (i) listed in your governing section document?		Did you no organizat col (i) o	(v) Did you notify the organization in col (i) of your support?		i) he ition in ganized US?	Am	(vii) ount of pport?	
				(see instructions))	Yes	No	Yes	No	Yes	No		
								1				
							1					
							+	+				
								+				
ota							+	+		+		
	-					•						

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,081,513	3,244,651	3,828,997	2,881,412	2,719,	175 16,755,748
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,278,333	7,022,859	5,992,213	5,695,705	5,712,	013 31,701,123
3	Gross receipts from activities that are not an unrelated trade or business under section 513			33,600	6,779		40,379
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	11,359,846	10,267,510	9,854,810	8,583,896	8,431,	188 48,497,250
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	222,359	203,222	220,620	200,273	18,	540 865,014
c	Add lines 7a and 7b	222,359	203,222	220,620	200,273	18,	540 865,014
8	Public Support (Subtract line 7 c from line 6)						47,632,236
	ction B. Total Support						
Cale	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
0	beginning in)	11 359 846	10 267 510	9 854 810	8 283 806	8 431	188I 48 497 25N
9	Amounts from line 6	11,359,846	10,267,510	9,854,810	8,583,896	8,431,	188 48,497,250
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	11,359,846 794,673	10,267,510 -20,132	9,854,810	8,583,896 823,129		188 48,497,250 142 1,791,545
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b					63,	
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	794,673	-20,132	130,733	823,129	63,	142 1,791,545
10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	794,673	-20,132	130,733	823,129	63,	142 1,791,545
to a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12)	794,673 794,673 81,335	-20,132 -20,132 -20,132 74,814	130,733 130,733 25,559	823,129 823,129 1,023,979 10,431,004	63, 63, 46,	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191
to a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	794,673 794,673 81,335	-20,132 -20,132 -20,132 74,814	130,733 130,733 25,559	823,129 823,129 1,023,979 10,431,004	63, 63, 46,	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191
10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	794,673 794,673 81,335 12,235,854 for the organization	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second,	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004	63, 63, 46,	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191
10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	794,673 794,673 81,335 12,235,854 for the organization	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second,	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004	63, 63, 46,	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191
10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	794,673 794,673 81,335 12,235,854 for the organization of the	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second,	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004	63, 63, 46, 8,541, 501(c)(3) or	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191 rganization,
10a b c 11 12 13 14 See 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	794,673 794,673 81,335 12,235,854 for the organization lic Support Performance (Inc. 1) (Inc. 8)	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second, ercentage f) divided by line : art III, line 15	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004	63, 46, 8,541, 501(c)(3) or	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191 rganization, 9 2 4 2 0 %
10a b c 11 12 13 14 See 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pub Public Support Percentage from 20	794,673 794,673 81,335 12,235,854 for the organization lic Support Pe 1 (line 8 column (10 Schedule A, P.	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second, ercentage f) divided by line: art III, line 15 me Percentage	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004 fth tax year as a	63, 46, 8,541, 501(c)(3) or	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191 rganization, 9 2 4 2 0 %
10a b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage for 201 Public support percentage from 20	794,673 794,673 81,335 12,235,854 for the organization (line 8 column (10 Schedule A, P. estment Inco 2011 (line 10 c co	-20,132 -20,132 -20,132 74,814 10,322,192 on's first, second, ercentage f) divided by line : art III, line 15 me Percentag lumn (f) divided b	130,733 130,733 25,559 10,011,102 third, fourth, or fi	823,129 823,129 1,023,979 10,431,004 fth tax year as a	63, 46, 8,541, 501(c)(3) or	142 1,791,545 142 1,791,545 709 1,252,396 039 51,541,191 rganization, 92 420 % 90 050 %

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135074133

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

th	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Comple ne organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, I ection 501(c)(4), (5), or (6) organizations. Complete Part III			•	II-A	
Na	ame of the organization OLITERACY WORLDWIDE	Employer ide		ition numbe	er	
ar	rt I-A Complete if the organization is exempt under section 501(c) or is a	16-6076384 section 527		janizatio	n.	_
L	Provide a description of the organization's direct and indirect political campaign activities on b in opposition to candidates for public office in Part IV	ehalf of or				
2	Political expenditures	>	\$ _			
3	Volunteer hours		_			
aı	rt I-B Complete if the organization is exempt under section 501(c)(3).					
L	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No	
1 a	Was a correction made?			┌ Yes	┌ No	
b	If "Yes," describe in Part IV					
aı	rt I-C Complete if the organization is exempt under section 501(c) except	t section 50	1(c)	(3).		

Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt funtion activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

	······································	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 576	8 (election
	under section 501(h)).	

Α	Check		If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		_	expenses, and share of excess lobbying expenditures)

B check I in the ming organization encerted box is and immediation provisions appry	В	Check	Г	if the filing organization checked box A and "limited contr	ol"	provisions	apply	
---	---	-------	---	---	-----	------------	-------	--

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)	170,699	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	b)	170,699	
d	Other exempt purpose expenditures		10,189,943	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	10,360,642	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	668,032	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	167,008	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	3,691	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

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

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount	702,680	654,167	648,850	668,032	2,673,729
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,010,594
c	Total lobbying expenditures	108,059	150,591	244,407	170,699	673,756
d	Grassroots non-taxable amount	175,670	163,542	16,221	167,008	522,441
e	Grassroots ceiling amount (150% of line 2d, column (e))					783,662
f	Grassroots lobbying expenditures	37,775	39,006	63,307	170,699	310,787

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493135074133

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number

PRO	DLITERACY WORLDWIDE		
			16-6076384
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, 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)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	certified historic structure
	easement on the last day of the tax year	г	
	Takal assarbas af assarbas assarbas	-	Held at the End of the Year
а	Total number of conservation easements	-	2a
Ь	Total acreage restricted by conservation easements	-	2b
C	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserva	ation easement is located 🛌	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	till Organizations Maintaining Collectio Complete if the organization answered '	ns of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		▶ - \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Hist	orio	al Tre	easu	res, or C	the	r Similar A	sset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	follo	_		_		se of its colled	tion		
а	Public exhibition		d	Γ	Loan o	rexch	nange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how	they	further	the o	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	ΓY	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf t	he c	organiz	ation			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary f	orco	ntrıbut	ions o	rotherass	ets r	not	┌ ʏ	es	┌ No
b	If "Yes," explain the arrangement in Part XIV $$	/ and complete the f	ollowii	ng ta	ble		-					
									Α	moun	it	
С	Beginning balance						-	1c				
d	Additions during the year						L	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							┌ ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	•										
Pai	t V Endowment Funds. Complete											
_		(a)Current Year 3,413,192	(b) P	rior Y		(c)Tw	o Years Back		Three Years Back		Four Y	ears Back
La	Beginning of year balance	3,413,192		3, 1	107,693		3,328,16	3	3,218,86	+		
b	Contributions	4,377			569,434		86,19		220,47			
C	Investment earnings or losses	4,377		-	009,434		00,13	7	220,47	1		
d	Grants or scholarships	641,436		-	263,935		306,66	9	111,17	1		
е	Other expenditures for facilities and programs	041,430			203,333		300,00	1	111,17	1		
f	Administrative expenses											
g	End of year balance	2,776,133		3,4	13,192		3,107,69	3	3,328,16	3		
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment	53 000 %										
b	Permanent endowment ► 47 000 %											
c 3a	Term endowment ► Are there endowment funds not in the posses	ssion of the organiza	tion th	nat a	re held	and a	dministere	d for	the			
-	organization by	osion or the organiza		141 4	re nera	ana a		u 101		Γ	Yes	No
	(i) unrelated organizations								За	(i)		No
	(ii) related organizations					•			3a	(ii)		No
	If "Yes" to 3a(II), are the related organizatio							•	[3	ь		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	o, Par							$\neg \tau$		
	Description of property				Cost or o		(b) Cost or basis (oth		(c) Accumulat depreciation		(d) Bo	ok value
1a l	and									\dashv		
	Buildings									\dashv		
c l	easehold improvements											
d i	Equipment		•				1,10	5,909	403,	839		702,070
	Other											
	. Add lines 1a-1e (Column (d) should equal Fo								•			

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) US GOVERNMENT BONDS	107,946	F
(B) CORPORATE BONDS	1,924,748	F
(b) com com bonds	2,521,710	·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of end of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		
Part IX Other Assets. See Form 990, Part X, lin		
		(b) Book value
(a) Descrip	tion	```
(a) Descrip	LIOII	
(a) Descrip		
(a) Descrip	tion	
(a) Descrip	tion	
(a) Descrip		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

للفحلي	t XI Reconcination of change in Net Assets from Form 550 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,541,039
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,360,642
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,819,603
4	Net unrealized gains (losses) on investments	4	-57,331
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	121,826
9	Total adjustments (net) Add lines 4 - 8	9	64,495
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,755,108
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	8,541,039
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,541,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,541,039
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,296,147
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-64,495
3	Subtract line 2e from line 1	3	10,360,642
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,360,642
- B	+ VIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE ONGOING PROGRAM SERVICES OF PROLITERACY WORLDWIDE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		IN ACCORDANCE WITH THE DISCLOSURE PROVISIONS OF FASB ASC SUB-TOPIC 740-19 WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES, AS OF AND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES IN THE PROVISION FOR TAXES AS OF JUNE 30, 2012, TAX YEARS JUNE 30, 2009 THROUGH JUNE 30, 2012 ARE YEARS STILL OPEN FOR POSSIBLE EXAMINATION BY TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST TRUST AGREEMENTS 121,826

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135074133

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

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

Open to Public

lan	ne of the organization				Employer iden	tification number
	LITERACY WORLDWIDE					
					16-6076384	
Pa	General Information "Yes" to Form 990, Pa			he United States. C	omplete if the organi	zation answered
1	For grantmakers. Does the	organization n	naıntaın record	ls to substantiate the	amount of the grants	or
	assistance, the grantees' elic	aibility for the	grants or assis	stance, and the select	ion criteria used to aw	<i>a</i> rd
	the grants or assistance?	•	_	<i>'</i>		▼ Yes No
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's proceduı	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	e (f) Total expenditures for region/investments in region
	SOUTH AMERICA	0		GRANTS TO RECIPIENTS	PUBLIC EDUCATION	19,700

SOUTH AMERICA O GRANTS TO PUBLIC EDUCATION 19,70 RECIPIENTS LOCATED IN REGION EAST ASIA AND THE PACIFIC SUB-SAHARAN AFRICA O GRANTS TO PUBLIC EDUCATION 7,50 RECIPIENTS LOCATED IN REGION SUB-SAHARAN AFRICA O GRANTS TO PUBLIC EDUCATION 12,20 RECIPIENTS LOCATED IN REGION MIDDLE EAST AND NORTH O GRANTS TO RECIPIENTS LOCATED IN REGION MIDDLE EAST AND NORTH O RECIPIENTS LOCATED IN REGION	
PACIFIC RECIPIENTS LOCATED IN REGION SUB-SAHARAN AFRICA O GRANTS TO RECIPIENTS LOCATED IN REGION MIDDLE EAST AND NORTH O GRANTS TO RECIPIENTS AFRICA RECIPIENTS RECIPIENTS RECIPIENTS	700
RECIPIENTS LOCATED IN REGION MIDDLE EAST AND NORTH 0 GRANTS TO PUBLIC EDUCATION 13,50 AFRICA RECIPIENTS	
AFRICA RECIPIENTS	
CENTRAL AMERICA AND THE 0 0 GRANTS TO PUBLIC EDUCATION 24,40 CARIBBEAN LOCATED IN REGION	
SOUTH ASIA 0 0 GRANTS TO PUBLIC EDUCATION 15,00 RECIPIENTS LOCATED IN REGION	00
	_
3a Sub-total 0 0 92.30	
3a Sub-total 0 0 92,30 b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a and 3b) 0 0 92,30	0

Pa	Part I	V, line 15, fo		Organizations or Entities Outside who received more than \$5,000. Check to eded.					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	LITERACY/MICROFINANCE/EDUCATION	11,000	WIRE			
			SUB-SAHARAN AFRICA	LITERACY/MICROFINANCE/EDUCATION	6,800	WIRE			
			MIDDLE EAST AND NORTH AFRICA	LITERACY/MICROFINANCE/EDUCATION	6,000	CHECK			
			SOUTH ASIA	LITERACY/MICROFINANCE/EDUCATION	9,000	CHECK			
2	Enter total tax-exemp	number of r	ecipient organizal , or for which the	tions listed above that are recognized a grantee or counsel has provided a sect	s charities by the ion 501(c)(3) ed	e foreign country, quivalency letter	recognized as	1	4
3	Enter total	number of o	ther organization	s or entities					ours 000\ 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		SCHEDULE F, PART I, LINE 2 DETAILED GRANT FILES ARE MAINTAINED WITH PROGRESS REPORTS, OBJECTIVES CLEARLY DEFINED, AND MONITORING SUBSTANTIATED

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 THE ORGANIZATION RECOGNIZES EXPENDITURES TO FOREIGN ORGANIZATIONS AS EXPENSES IN THE PERIOD THE GRANT IS APPROVED, FOR THE AMOUNT TO BE GRANTED TO THE FOREIGN ORGANIZATION

Schedule F (Form 990) 2010

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493135074133

Department of the Treasury Internal Revenue Service

Name of the organization PROLITERACY WORLDWIDE Employer identification number

16-6076384

Form 990, Part I\	/, line 21 for any i	O Governments and recipient that received 0) if additional space i	more than \$5,000.	Check this box if no	one recipient rec	eived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
1)INTERNATIONAL MISSIONS INC DBA CHRISTARPO BOX 850367 RICHARDSON,TX 75085	22-1717576	501(C)(3)	11,451				LITERACY PROGRAMS
2) ASBURY THEOLOGICAL SEMINARY 204 NORTH EXINGTON AVENUE VILMORE, KY 40390	61-0445823	501(C)(3)	7,632				LITERACY PROGRAMS
3) ATTICA OLIVE CHAPEL .745 SOUTH ATTICA ROAD (NOXVILLE,IA 50138	25-4178203	501(C)(3)	10,000				LITERACY PROGRAMS
4) DURANGO FIRST UNITED METHODIST CHURCH2917 ASPEN DRIVE DURANGO,CO 81301	84-0614290	501(C)(3)	11,451				LITERACY PRO GRAMS

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

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.IdentifierReturn ReferenceExplanationPROCEDURE FOR
MONITORING GRANTS
IN THE U SPART I, LINE 2SCHEDULE I, PART I, LINE 2 DETAILED GRANT FILES ARE MAINTAINED WITH PROGRESS REPORTS, OBJECTIVES
CLEARLY DEFINED, AND MONITORING SUBSTANTIATED

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493135074133

Employer identification number

OMB No 1545-0047

Schedule J

Name of the organization

Department of the Treasury

Internal Revenue Service

(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

FKC	SELECT WORLDWIDE		16-6076384			
Pa	rt I Questions Regarding Compensation		·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u></u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	t appl	у			
	Compensation committee Independent compensation consultant	V	Written employment contract Compensation survey or study			
	Form 990 of other organizations	 				
	y Torm 550 or other organizations	,	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymeı	nt?	4a		No
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lii compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the r	-ehutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
(1) HARVEY DAVID	(1) (11)	192,789 0	33,314 0	0	0	7,124 0	233,227 0	0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135074133

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Open to Public Inspection

Name of the organization PROLITERACY WORLDWIDE								mployer id		ition numb	er
Part I Excess Benefit Tran							organi	zations d	only).		
Complete if the organizat (a) Name of disqu			Yes" on Forr	n 990, P			Form 990-EZ, Part V, line 4 transaction			(c)	
											No
2 Enter the amount of tax impos section 49583 Enter the amount of tax, if any								/ear undei	\$ —	I	
Part II Loans to and/or F Complete if the organiz					. Part IV. line 26	. or Forn	n 990-l	EZ. Part V	. line 38	а	
(a) Name of interested person and or fro		oan to m the zation?	n to the (c) O ri		t (d)Balance due (e)		In Approved		ed d or	(g) Writter agreement	
(1) DAVID CHARVEY	То	From				Yes	No	Yes	No	Yes	No
(1) DAVID C HARVEY PAYROLL ADVANCE		Х		7,332	7,332		No		No		No
								1		1	1
Total				> \$	7,332		1				
Part IIII Grants or Assistar Complete if the orga						'. line 2	27.				
(a) Name of interested pers)Relationsh	ııp betwe	en interested per ganization			nount of g	ant or ty	pe of assı	stance
						+					
						+					
					-			_	-		-

Part IV Business Transactions I Complete if the organizatio			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493135074133

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization

PROLITERACY WORLDWIDE

16-6076384 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Contribution amounts Method of determining reported on ıf or items contributed contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 119,365 FMV ON DATE OF DONATION Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 25 Other ► (__ 26 Other ►(___ **27** Other ▶(__ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30a No **b** If "Yes," describe the arrangement in Part II 31 Νo 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493135074133

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization PROLITERACY WORLDWIDE

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public
Inspection

		16-6076384
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS DISTRIBUTED IN DRAFT FORM TO THE AUDIT AND COMPLIANCE COMMITTEE FOR A DETAILED REVIEW THEN TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL CONFLICT OF INTEREST STATEMENTS ARE SIGNED BY BOARD MEMBERS AND MAINTAINED BY THE EXECUTIVE SECRETARY IN THE BOARD MEMBER FILES ALL POTENTIAL CONFLICTS ARE IDENTIFIED AND MONITORED THROUGH THESE DISCLOSURES AND UPDATED ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	A DETAILED COMPENSATION REVIEW WAS PERFORMED BY TOWERS PERRIN IN FY09 AND REVIEWED BY EXECUTIVE COMMITTEE. THE STUDY DOCUMENTED DEMOGRAPHICS, GEOGRAPHICS AND DUTIES OF THE PRESIDENT/CEO AND USED TO DETERMINE THE PRESIDENT'S COMPENSATION OTHER OFFICER, KEY EMPLOYEES ARE ANNUALLY REVIEWED BY THE PRESIDENT/CEO AND COMPARED TO GEOGRAPHIC AND DEMOGRAPHIC INFORMATION BASED UPON DUTIES PERFORMED (STUDY OBTAINED FROM OPPORTUNITY KNOCKS FOR FY09 OFFICER REVIEW)
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE AND ON ITS WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -57,331 CHANGE IN VALUE OF SPLIT INTEREST TRUST AGREEMENTS 121,826 TOTAL TO FORM 990, PART XI, LINE 5 64,495

Additional Data

Software ID: Software Version:

EIN: 16-6076384

Name: PROLITERACY WORLDWIDE

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

4d. Other program services								
(Code) (Expenses \$	213,624	including grants of \$) (Revenue \$)			
	PROGRAMS AND PROJECT ES AND EDUCATORS ABOU			ATE INFORMATION ABOUT LITE	ERACY TO THE			