Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-004

cont private foundations 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 20 17 2016, and ending une 30 D Employer identification number Check if applicable: C Name of organization_Literacy Volunteers of America Bitterroot, Inc. Address change Doing business as Literacy Bitterroot 81-0478575 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return 303 N Third ST Ste A 406 363 2900 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated П G Gross receipts \$ Amended return Hamilton, MT, USA, 59840 F Name and address of principal officer. M(a) is this a group return for subordinates? 🗌 Yes 🗹 No Application pending Dixie Stark (same as C above) H(b) Are all subordinates included?

Yes
No If "No," attach a list. (see instructions) 501(c)(3) ☐ 501(c) (Tax-exempt status:) ◀ (insert no.) 🔲 4947(a)(1) or Website: ▶ literacybitterroot.org H(c) Group exemption number Form of organization. Corporation Trust Association Other ▶ L Year of formation. 1992 M State of legal domicile: МТ Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to provide free, confidential instruction to enable Ravalli County adults to become literate or complete their high school equivalency diploma so they can succeed as workers, parents and citizens. We also help people gain skills needed to enter college or the workforce. SCANNED JUL 0 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 14 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C) find 7a 0 Net unrelated business taxable income from Form 999 T, line 34 7b 0 OSO Prior Year **Current Year** MAY 0 2 2018 Contributions and grants (Part VIII, line 1h) . 113,529 118,374 9 Program service revenue (Part VIII, line 2g) 0 10 5,151 3,154 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 121,528 118,680 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 2,088 1,191 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 87,475 84,310 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,545 25,534 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 111,108 111,035 19 Revenue less expenses. Subtract line 18 from line 12 7,572 10.493 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 192,817 217,528 21 Total liabilities (Part X, line 26) . 20 22 Net assets or fund balances. Subtract line 21 from line 20 192,811 217,508 Signature Block Under penalties of perjury, I declare that there examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Here resident Type or print name and title Print/Type preparer's name Preparer's signature Paid Check [] if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 11282Y



Form 990 (2016)

Form 99	0 (2016)							Pa	ige 2
Part			-	Accomplished					
					ote to any line in th	is Part III			\Box
1	•	scribe the orga							
					enable Ravalli Count				
					kers, parents, and cit	izens. We also hel	our students gai	n skills to enter	
	the Workto	rce or additiona	il education or t	raining.					
2	Did the or	ganization und	ertake any sigi	nificant program	m services during th	e year which were	e not listed on th	e	
		990 or 990-E			_			☐ Yes ☑ I	No
	If "Yes," d	escribe these i	new services o	n Schedule O.					
3	Did the d	organization ce	ase conductir	ng, or make si	ignificant changes	in how it condu-	cts, any prograr	n	
	services?					<i></i>		☐ Yes 🗹 i	No
		escribe these	-						
4	expenses.	Section 501(c)(3) and 501(c)	(4) organization	lishments for each on the sare required to re tram service reported	eport the amount			
4a	(Code:) (Expe	enses \$	90.503 includ	ding grants of \$	1.191) <i>(</i> F	levenue \$		
		' ' '			l) received direct inst			' n the iob.	
					d their high school e				
					a base make it impos	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			S
	are workin	g, but most of c	ur graduates ai	re in college or t	hey are working, or b	oth.			
					for testing fees for the				1
				1,191. Payments	were made directly	to test vendors and	l testing centers s	o the funds	
	could not	be use for any o	ther purpose.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					,				
4b	(Code:) (Expe	enses \$	395 includ	ding grants of \$	0) (F	levenue \$	0)	
	English La	nguage/Civics i	nstruction for 6	adults seeking	to speak English bet	ter and to become	participants in the	community or	
	to gain citi	zenship.							
							.,,		
								,	
					,=========			,,,	
								#	
4c	(Code:) (Expe	enses \$	998 includ	ding grants of \$	0)(F	levenue \$	0)	
					oks to low income ch	ilren at Head Start	Books were purc	hased with a	
	contribution	on from the Bitte	erroot Valley Ki	wanis.					
					,				
					,		*************		
				·					
					.,				

4d		gram services (-					
	(Expenses			grants of \$) (Reve	nue \$)		
4e	lotal prog	ram service ex	penses 🟲	9	1,896				



art	IV Checklist of Required Schedules	<u>`</u>	<u>`</u>	-3-
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	В		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G. Part III	10		./

Form 99	0 (2016)		F	eage 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Ť-
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		✓
33	complete Schedule N, Part II	32		1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37	<u> </u>	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

rart				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
			Yes	No
ta	-to-			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		✓_
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		1
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		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds,			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			_
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		,
11	Section 501(c)(12) organizations. Enter:	i l		}
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	. 1		
	against amounts due or received from them.)			}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			 -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.	.va		├-
ь	Enter the amount of reserves the organization is required to maintain by the states in which			f
	the organization is licensed to issue qualified health plans	-		1
С	Enter the amount of reserves on hand	, 1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>.</u>	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodulo O	14h		├ * ─

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Cart	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u>(</u>
Secu	on A. Governing Body and Management		Yes	No
10	Estar the number of voting members of the severing hady at the end of the tay year.		162	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 5 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			İ
	one or more members of the governing body?	7a	✓	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ļ i		١.
•	stockholders, or persons other than the governing body?	7b	<u> </u>	!
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1 1
_	The governing body?	8a	7	ļ
a b	Each committee with authority to act on behalf of the governing body?	8b	1	├──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	90	 	├
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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 purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	<u> </u>
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40	,	
42		12c	V	
13 14	Did the organization have a written whistleblower policy?	13	V	
15	Did the organization have a written document retention and destruction policy?	""	_	 -
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?] [
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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	L	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	orest	مرانح	اممد ر
13	financial statements available to the public during the tax year.	UI GOL	իսուը)	,, au 1U
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde		
	Dixie Stark, 303 N Third St, Ste A Hamilton MT 59840, 406-363-2900	50,45		
	VIAIS 20014 11110 34 20 A HOITINGH HI 3304V, 400-303-23W			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	200
I GIL VII	Compensation of Officers, Directors, Musices, Rey Employees, Mignest Compensated Employees,	anu
	Independent Contractors	
	niuepenuent contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Compensated employees, and former such pers										
Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ited any curren	t officer, director	r, or trustee.
		(C)								
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any				irect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	응필	l Ig	Officer	<i>§</i>	율	귛	the	organizations	compensation
	related organizations	F S	喜	8	Key employee	oy hear	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	g F	l a		B	8 8	}	(W-2/1099-MISC)	}	organization and related
	line)	Individual trustee or director	1 2		8	<u>8</u>	}	<u>†</u>		organizations
		8	Institutional trustee	Ì		Highest compensated employee	Ì]		
	 		-	-	_	8.	 	<u> </u>		
(1) Jane Samuelson, President	11									
230 Weber Drive, Hamilton MT 59840	 	✓	<u>_</u>	1	<u> </u>	L	<u> </u>	-0-	-0-	-0-
(2) Mika Virtaneva, Vice-President	11		Į		ļ	l	1			
561 Abbe Lane, Victor, MT 59875	 	/	_	1	L_		L	-0-	-0-	-0-
(3) John Mikesell, Treasurer	11	. '	}				j	1		
153 Wyant Lane, Hamilton MT 59840		/		1	_	<u></u>	L	-0-	-0-	-0-
(4) Anna Hughes, Secretary	11	!	1		•	ŀ	1	1		
871 Birch Creek Loop, Corvallis MY 59828	<u> </u>	/	_	1	L_			-0-	-0-	-0-
(5) Vangi Bonser	11				ŀ	,		ł .	ļ	
216 Lark Lane, Victor, MY 59875	<u> </u>	/	_	_			L.	-0-	-0-	-0-
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
		}	}		•	C) ation								
	(A)	(B)			reck	more	than o		(D)	1	(E) (F) cortable Estimated assation from amount of		-	
	Name and title	Average hours per					ıs bott or/trust		Reportable compensation	Reportable compensation				
		week (list any hours for	 	_		т-			from	related			ther	
		related	물	S#	Officer	Key e	콩	Former	the organization	organizatio (W-2/1099-M			ensation on the	ווכ
		organizations below dotted	ŠĒ.	g	~	employee	8 2] =	(W-2/1099-MISC)		1		nizatio related	
		line)	Individual trustee or director	el tra		ě	ğ		1		i		nization	
		}	8	institutional trustee			Highest compensated employee	}			- 1			
		<u> </u>		L	L	L_	a a	L						
(15)]											
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3f		1	1			1			1		{			
1b	Sub-total							>	-0-		-0-			-0-
C	Total from continuation sheets to Part	VII, Sectio	n A						-0-		-0-			-0-
<u>d</u>		<u> </u>					_ <u></u> -	<u> </u>	-0-	L	-0-			-0-
2	Total number of individuals (including but	t not limited	d to th	ose	list:	ted	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi	zation >							попе				τ	т
3	Did the organization list any former of	foor diroc	tor c	· tr			kov c		alouge or high	oot commo	nantad		Yes	No
•	employee on line 1a? If "Yes," complete s	Schedule J	for s	ncp n	indi	ee, ividi	rey e ıal	3111 } -	hoyee, or riigi	iest compe	isateu	3	 	1
4	For any individual listed on line 1a, is the								nd other comr	 Ancation fro	om the	13		+
·	organization and related organizations											1	1	
	ındividual											4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	un/	related organiz	ation or ind	ividual		<u> </u>	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	redu	ıle J f	or s	such person	<u>.</u>		5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more tha	n \$100,	000 of	i	
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within t	he orga	anizati	on's t	:ax
	year.							1						
	(A) Name and business add	Iress							(B) Description of s	ervices	c	(C) compens	ation	
								-						
none								-						
					_									
								1						
2	Total number of independent contractor) th	ose listed ab	ove) who				,
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	>			{				

orm 990 (2016) Part VIII Statement of Revenu Check if Schedule O co		any line in this Pa (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514	
the state of the s	1c 1d 0 0 1 1 1 1 1 1 1 1	1 106,143				
b c d d e f All other programs of the properties f All ot	e (including dividences, impounts) ment of tax-exempt bond proceed (i) Real (ii) Perso (ii) Real (iii) Perso (iii) Pe	ts >	14,204	14,204	Form 99	0 (201)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	mn (A).
	Check if Schedule O contains a respon			 	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,191	1,191		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 5	Benefits paid to or for members	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	70,812	61,244 3,062	7,176 574	2,392 191
9 10	Other employee benefits	3,654 6,017	2,923 5,272	548 559	183
11 a	Fees for services (non-employees): Management	0,017	3,272	339	100
b	Legal	0			
đ	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees	1,936	0	0	1,936
12	Advertising and promotion	25	0	25	0
13	Office expenses	5,635	4,508	845	282
14	Information technology	7,615	6,092	1,142	381
15 16	Royalties	0			
17	Occupancy	7,918 1,425	6,334 1,140	1,188 214	396 71
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,423	1,140	214	<i>.</i>
19	Conferences, conventions, and meetings .	130	130	0	0
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization . Insurance	0 850	0	850	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	650		830	
_	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c					
ď					· · · · · · · · · · · · · · · · · · ·
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	111,035	91,896	13,121	6,018
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		🛚
	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	38,232	1	50,363
	2	Savings and temporary cash investments	24,753	2	24,879
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,844	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
Š.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	 	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			 -
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	 	10c	
	11	Investments—publicly traded securities	126,988	11	142,286
	12	Investments – other securities. See Part IV, line 11	123,000	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	192,817	16	217,528
	17	Accounts payable and accrued expenses	6	17	20
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,	,		
Liabilities		trustees, key employees, highest compensated employees, and			<i>,</i>
ap		disqualified persons. Complete Part II of Schedule L		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 D		0.5	
	26			25 26	
	20	Total liabilities. Add lines 17 through 25	6	20	20
ces		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	<u></u>	27	
Ba	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	65,829	30	75,242
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	126,988	32	142,286
Net Assets	33	Total net assets or fund balances	192,811		217,508
	34	Total liabilities and net assets/fund balances	192,817	34	217,528
					Form 990 (2016)

Form 99	90 (2016)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21,528
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	11,035
3	Revenue less expenses. Subtract line 2 from line 1	3		•	10,493
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19	2,811
5	Net unrealized gains (losses) on investments	5			14,204
6	Donated services and use of facilities	6			0
7	Investment expenses	7	see	Sche	dule 0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		21	17,508
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	۱		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r]]
	reviewed on a separate basis, consolidated basis, or both:		1	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	3		
	separate basis, consolidated basis, or both:		1	1	
	Separate basis Consolidated basis Both consolidated and separate basis			L	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			ļ	ļ
of the audit, review, or compilation of its financial statements and selection of an independent accountant?				<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	ր [
	Schedule O.]
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?		3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b]	1

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Literacy Volunteers of America Bitterroot, Inc 81-0478575 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (lii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked th						
	Part III. If the organization fails to						diny under
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					·	
6	Public support. Subtract line 5 from line 4			L	<u> </u>	L	<u> </u>
	on B. Total Support			·		r	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		/				ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7,through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)		· · · ·	12	
13	First five years. If the Form 990 is for th	_			-		on 501(c)(3)
	organization, check this box and stop her		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<i>.</i> 🟲 🔲
Secti	on C. Computatión of Public Suppor						
14	Public support percentage for 2016 (line 6		•			14	%
15	Public support/percentage from 2015 Sch					15	<u>%</u>
16a	331/3% support test—2016. If the organization qual				no line 14 is 3	5'/3% Of more	
_	331/3% support test—2015. If the organization	-		-			, ▶ []
ь	this box and stop here. The organization						► 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "lorganization	ets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	▶□ Isee ▶□

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

(Complete only if you checked the box on line 10 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	107,902	125,046	115,451	113,529	106,143	568,071
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	107,902	125,046	115,451	113,529	106,143	568,071
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						
с 8	Add lines 7a and 7b						
	line 6.)	Ll			<u> </u>	1	568,071
	on B. Total Support	(-) 2040	(1) 0010	(1)0044	(0 0045	(10040	40 7 1 1
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,	107,902	125,046	115,451	113,529	106,143	568,071
	royalties and income from similar sources .	7,451	7,302	6,830	5,151	15,385	42,119
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,					
С	Add lines 10a and 10b	7451	7,302	6,830	5,151	15,385	42,119
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,025	o	0	0	0	1,025
13	Total support. (Add lines 9, 10c, 11, and 12.)	116,378	132,348	122,281	118,680	121,528	611,215
14	First five years. If the Form 990 is for the organization, check this box and stop here	ne organization	's first, second	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))	· · · · ·	15	93 %
16	Public support percentage from 2015 Sch					16	95 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2016 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	7 %
18	Investment income percentage from 2015	·				18	5 %
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box		-	-		-	_
þ	331x3% support tests—2015. If the organize line 18 is not more than 331x3%, check this line 18 is not more than 331x3%.						
20	Private foundation, if the organization di	d not check a l	oox on line 14	19a or 19h o	heck this how	and see instru	tions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		·/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		<u> </u>	

determine whether the organization had excess business holdings.)

10b

Scriedu	8 V (Louin aan or aan-ext 5010			age .
Part	V Supporting Organizations (continued)		\ <u>\</u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
		لـــــ	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	١
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	}		1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			Щ.,
	on or type in eapperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	1
	or management of the supporting organization was vested in the same persons that controlled or managed		٠.	
	the supported organization(s).		 	ļ
Casti	on D. All Type III Supporting Organizations	1	L	<u> </u>
Secu	on b. All Type III Supporting Organizations		Yes	No
		F	res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			١ ٠
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			<u> </u>
		1	ļ	↓
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		١.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	L	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		1 :
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	L		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
a	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b		lana in		lional
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	SCC III	SUUCI	ردانانا
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	}	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,]	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		İ	
	activities but for the organization's involvement.		 	
_	-	2b	₩	-
3	Parent of Supported Organizations. Answer (a) and (b) below.		ł	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported example tions? If "Van " deposits in Part VI the role played by the examination in this regard	1 2h	i	1

Schedule A	(Form	990 or	990-EZ	2016
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru iizat	st on Nov. 20, 1970 (explaid ions must complete Section	in in Part VI). See ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	, •	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets			
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		7	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		<u> </u>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2 Enter 85% of line 1.	2	·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	Page
Sec	tion D - Distributions	o, capporang organ	izadona (continueu)	Current Year
1	Amounts paid to supported organizations to accomplish	Current Year		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt pur	noses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	poses of supported orga	unzations	
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions			
7				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6	, ,		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.	,		
3	Excess distributions carryover, if any, to 2016:			
a			······································	-
<u>b</u>				
<u>c</u>	From 2013		· · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
<u>d</u>	From 2014			······································
<u>e</u>	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount		,	· · · · · · · · · · · · · · · · · · ·
 +	Carryover from 2011 not applied (see instructions)			. ,
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			,
4	Distributions for 2016 from			,
	Section D, line 7:			
<u>a</u> _	Applied to underdistributions of prior years			
<u> </u>	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	-		
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			· · · · · · · · · · · · · · · · · · ·
d	Excess from 2015			
	Excess from 2016			

ail VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part III, Sec	tion B, Line 12, columns a and f, Other Income. This is the net income from a fundraising event, also reported on 2012 Form 990,
Part VIII, Li	ne 8c.
•	

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No. 1545-0047 201**6**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Literacy Volunteers of America Bitterroot, Inc. 81-0478575 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or Of	her Similar Ass	ets (conti	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follow	ving that are a sig	inificant us	se of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams		
b							
С	Preservation for future generations	3	-				
4	Provide a description of the organization		and explain how t	hey further the ord	anization's exemp	pt purpose	in Part
	XIII.		•		,	• •	
5	During the year, did the organization	solicit or receive	donations of art.	historical treasure	s. or other similar		
	assets to be sold to raise funds rather					☐ Yes	☐ No
Part	IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.	•	" on Form 990, f	Part IV, line 9, or	reported an amo	ount on F	orm
18	Is the organization an agent, trustee	custodian or oth	er intermediary fo	or contributions of	other assets not		
•-	included on Form 990, Part X?						□ No
b	If "Yes," explain the arrangement in P						
	in 100, Oxplain the artangement in 1	ar Am ana compi	oto are renowing a		Arr	nount	
С	Beginning balance			10			
d							
e	Distributions during the year			}			
f	Ending balance						
2a	Did the organization include an amount					Yes	□ No
	If "Yes," explain the arrangement in P				•		Ĭ
Par							
	Complete if the organization	answered "Yes"	" on Form 990, I	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	126,988	133,078	132,293	113,279		97,404
b	Contributions	0	0		0		500
C	Net investment earnings, gains, and						
	losses	14,204	(7,891)	2,253	20,906		17,037
d	Grants or scholarships						
e	Other expenditures for facilities and						
	programs	i	•				
f	Administrative expenses	(1,935)	(1,801)	(1,968)	(1,892)		(1,662)
g	End of year balance	142,286					113,279
2	Provide the estimated percentage of t	the current year en	d balance (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment	nt ▶ 5	0%				
b	Permanent endowment ▶	50%					
С	Temporarily restricted endowment ▶	0%					
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				
3a	Are there endowment funds not in the	e possession of th	e organization that	at are held and ac	lministered for the	, <u></u>	
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	1
	(ii) related organizations					3a(ii)	1
b	If "Yes" on line 3a(ii), are the related o					3b	
4	Describe in Part XIII the intended uses		n's endowment f	unds.			
Par							
	Complete if the organization	answered "Yes"	<u>" on Form 990, I</u>	Part IV, line 11a.	See Form 990, I	art X, line	e 10.
	Description of property	(a) Cost or ot			Accumulated	(d) Book va	alue
		(investm	(0	ther) d	epreciation		
1a	Land	-					
þ	Buildings	·					
С	Leasehold improvements	-					
d	Equipment	·					
e	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columi	n (B), line 10c.).	, ▶		

Part VII	Investments - Other Securities				141. 0. 5	000 D-4 V E- 40
	Complete if the organization ansi		$\overline{}$			
	(a) Description of security or category (including name of security)	·	(b)	Book value		nod of valuation: -of-year market value
(1) Financial						
	neld equity interests					
(3) Other						
(A)		J				
(B)						
(C) (D)			 			
(E)			 			
(F)			 -			
(G)						
(H)			 			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		 			
Part VIII	Investments - Program Related	d.	L			
	Complete if the organization ans		rm 99	0. Part IV. line	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		7	Book value	(c) Met	thod of valuation. -of-year market value
(1)						
_(2)			L			
_(3)			<u> </u>		<u> </u>	
(4)			 			
(5)						
(6)		 				
<u>(7)</u>						
(8)			 -			
(9)	b) must equal Form 990, Part X, col. (B) line 13.)		 			
Part IX	Other Assets.		<u> </u>		L	
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0. Part IV. lin	e 11d. See Form	990, Part X, line 15.
		a) Description			······	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	45 - 45 - 000 B. AV	1 (0) (1 (6)				
	mn (b) must equal Form 990, Part X, c	oi. (B) line 15.)	<u> </u>	· · · · ·	<u> ▶</u>	L
Part X	Other Liabilities.		00	0 D-484 P-	. 44 445 0 .	- F 000 D-+V
	Complete if the organization ans	wered "Yes" on Fo	rm 99	u, Part IV, IIn	e Heoriii. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value				
(1) Federal in		(b) Book value				
(2)	icoma taxes	 				
(3)						
(4)				i		
(5)		<u> </u>				
(6)		 				
(7)		 				
(8)						
(9)				-		
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			i		
2. Liability fo	r uncertain tax positions. In Part XIII, prov	ide the text of the footr	ote to	the organization	n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2016		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements	_	Return.
	Complete if the organization answered "Yes" on Form 990, Part Total revenue, gains, and other support per audited financial statements		1
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities	 	1
c	Recoveries of prior year grants	 	1 1
d		 	1
e			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a			
b		 	1
c			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Statements		
	Complete if the organization answered "Yes" on Form 990, Part		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		[]
b			† 1
c			1 (
ď		f	1
e			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а			1 1
b			1
C		· · · · · · · · ·	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	art IV, lines 1b and 2b	; Part V, line 4; Part X, line
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional in	formation.
The L\	.VA Bitterroot Endowment Fund provides long-term sustainability for our charitable p	urposes. Funds are ma	naged for long-term growth
		· 	
until th	the earnings from the endowment become large enough to pay the rent and other ne	essary costs of helping	g adults gain the literacy
			M
skills r	necessary to gain employment or enter training. In an emergency, earnings from the	endowment could be u	sed to sustain program
servic	ces.		
	/		·
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Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
		:
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Literacy Volunteers of America Bitterroot, Inc.	81-0478575		
Part VI, Section A, Question 6: Corporation Members are our volunteers who have been active in the past year.			
Part VI Section A, Question 7a: At the annual meeting of the membership, the members elect board members, and then the board members			
elect the officers.			
Part VI, Section B, Question 11b: This tax return was shared with all board members at the regular meeting prior to submission, and was			
signed by the Board President.			
Part VI, Section B, Question 12c: Board Members sign the conflict of interest policy annually.			
Part VI, Section C, Question 19: We make our governing documents, conflict of interest policy, and financial statements available upon			
request. We also include financial statements in our annual report to the community.			
Part XI, Line 7 Investment expenses: Investment management fees of \$1,936 cannot be placed here as directed, because they were			
already included in Part XI, Line 2, Total Expenses, as we were also directed to report them on Line 11f or Part IX, Statement of Functional			
expenses. If the investment management fees were subtracted again on Part XI, Line 7, the Reconciliation of Net Assets would be out of			
balance.			
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