efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

OMB No 1545-0047

DLN: 93493316024078

<b>%</b> J
Department of the Internal Revenue

Form **990** 

Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization PROLITERACY WORLDWIDE D Employer identification number ☐ Address change 16-6076384 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 104 MARCELLUS STREET ☐ Amended return ☐ Application pending (315) 422-9121 City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13204 G Gross receipts \$ 11,553,116 F Name and address of principal officer **H(a)** Is this a group return for KEVIN MORGAN ☐Yes ☑No subordinates? 104 MARCELLUS STREET H(b) Are all subordinates SYRACUSE, NY 13204 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW PROLITERACY ORG/ L Year of formation 2002 M State of legal domicile NY Summary 1 Briefly describe the organization's mission or most significant activities TO INCREASE ADULT LITERACY RATES THROUGH EDUCATIONAL CONTENT, PROGRAM TRAINING AND ADVOCACY Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 1,543,057 8 Contributions and grants (Part VIII, line 1h) . . 1,515,863 **9** Program service revenue (Part VIII, line 2g) . . . 6,988,487 7,479,588 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . 520.286 1,019,002 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,024,636 10,041,647 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 165,559 252,801 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 3,111,444 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,893,920 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶426,577 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 5,632,553 6,047,985 8,692,032 9,412,230 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 332,604 629,417 Net Assets or Fund Balances **Beginning of Current Year End of Year** 16,542,633 20 Total assets (Part X, line 16) . 14,803,946 2,829,167 21 Total liabilities (Part X, line 26) . . . . 1,802,247 13,001,699 13,713,466 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have 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 <u>any knowle</u>dge 2018-11-08 Signature of officer Sign Here KEVIN MORGAN PRESIDENT/CEO Type or print name and title Print/Type preparer's name MARK R CIARALLI CPA Preparer's signature MARK R CIARALLI CPA Date PTIN Check  $\square$  if 2018-11-08 P01070534 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

**Preparer** 

Use Only

Firm's name FROSSMAN ST AMOUR CPAS PLLC

Firm's address ► 110 WEST FAYETTE STREET SUITE 900

SYRACUSE, NY 13202

Form **990** (2017) Cat No 11282Y

✓ Yes 🗆 No

Firm's EIN ► 46-0475780

Phone no (315) 424-1120

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	onse or note to	any line in this Part III		🗆
1		organization's mission		<b>,</b>		
		T TO LITERACY PROLITY RATES WORLDWIDE	TERACY DEVELO	PS AND PROMOTES AD	OULT LITERACY LEARNING, CONTE	ENT, AND PROGRAMS TO
2	<del>-</del>	, <del>-</del>		- ,	hich were not listed on	
	•	or 990-EZ?				☐ Yes ☑ No
_	,	ese new services on Sch				
3	-	cease conducting, or m	-	changes in how it cond	ucts, any program	☐ Yes ☑ No
	If "Yes," describe the					
4	Section $501(c)(3)$ an		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
4a	(Code	) (Expenses \$	1,593,277	including grants of \$	252,801 ) (Revenue \$	479,364 )
	See Additional Data					
4b	(Code	) (Expenses \$	5,468,852	ıncludıng grants of \$	) (Revenue \$	7,000,224 )
	See Additional Data					
4c	(Code	) (Expenses \$	3,992	ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Schedi	ule O )			
	(Expenses \$	ıncl	luding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses >	7,066,1	21		

or X as applicable

**Checklist of Required Schedules** 

1

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

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 . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, 6

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11a

11b

11c

11d

11e

11f

12a

13

14a

14b

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Nο Νo Nο

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

Nο

No

No

Nο

Νo

Nο

No

Nο

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29

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Part IV Checklist of Required Schedules (continued) Yes

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 . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Yes

Yes

20b

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22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

36

37

Yes

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No

Νo Νo

Nο

Νo

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 94  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b (			
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to line 3a of 3b, did the organization file Form 8880-17	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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 service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
Ť	bid the organization receive any rands, already of maneetry, to pay premiants on a personal benefit contract	7e		No
f	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	<b> </b>		
L	required?	7g		
n	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?			
_	Did the consequence of the control o	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	, 12b			
.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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	_	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
.4a	bid the organization receive any payments for indoor turning services during the tax year.			

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Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	a "No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	17		
	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	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employee?	ther 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? •	rvision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	members of the governing body?	7a		No
	persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ar by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. <b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	⊋.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	tes,		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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 rise conflicts?	e to <b>12b</b>	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	ın <b>12</b> c	Yes	
L3	Did the organization have a written whistleblower policy?	. 13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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 taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe	ation		
	status with respect to such arrangements?	16b		
	ection 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 ME , MD , MA , MI , MN , MS , MO , I ND , OH , OK , OR , PA , RI , SC , SE WI	CN, HN, VN	, NM , N	Y, NC,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply	only)		
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interepolicy, and financial statements available to the public during the tax year	st		

State the name, address, and telephone number of the person who possesses the organization's books and records •KEVIN MORGAN 104 MARCELLUS STREET SYRACUSE, NY 13204 (315) 422-9121 Part VII

CHAIR

(13) KEVIN MORGAN

PRESIDENT/CEO

DIRECTOR

DIRECTOR

DIRECTOR

(14) THOMAS ERON

(15) JACK BURKE

TREASURER

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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, or highest compensated employees who received more than \$100,000 reportable compensation from the organization and any related organizations

of reportable compensation from the organization	n and any relate	ed orga	nızatı	ons						
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable control</li> </ul>										
List persons in the following order individual trus compensated employees, and former such person		rs, ınstı	itutio	nal t	rust	ees,	offic	ers, key employees	s, highest	
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganızat	tion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee	
( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	compensate ployee conal Trustes tor				in essione Highest compensation	er )	(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 organizations
						2				
(1) MORGAN BATTLE SECRETARY	2 00	x		x				0	0	0
(2) SHERRIE CLAIBORNE DIRECTOR	2 00	×						0	0	0
(3) RUTH COLVIN DIRECTOR	10 00	х						0	0	0
(4) JOSE CRUZ VICE CHAIR	5 00	х		х				0	0	0
(5) STEVEN LUX DIRECTOR	2 00	×						0	0	0
(6) GINGER DUIVEN DIRECTOR	2 00	x						0	0	0
(7) BRIAN FOX DIRECTOR	2 00	х						0	0	0
(8) KATHLEEN HINCHMAN DIRECTOR	2 00	х						0	0	0
(9) DAVID ROSEN DIRECTOR	2 00	x						0	0	0
(10) MARIA BARTOSZEWICKI DIRECTOR	2 00	×						0	0	0
(11) MARTY CALANCHE DIRECTOR	2 00	х						0	0	0
(12) DENINE TORR	10 00	,								

### 2 00 (16) STEVEN TOY 0 2 00 (17) KATE COSTELLO-SULLIVAN Х 0 0 Form 990 (2017)

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33,778

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other hours per than one box, unless person compensation compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Former ্র employ Individual trustee organizations MISC) related Institutional lighest below dotted organizations employee line) ě compensated Trustee (18) PETER WAITE 30 00 Х 0 83,606 13,881 ••• EXECUTIVE VICE PRESIDENT (19) KAREN WELCH 40 00 Х 177,457 O 15.076 SUPERVISOR 1b Sub-Total . . . . . . . . . . . c Total from continuation sheets to Part VII, Section A . • 462,013 62,735 d Total (add lines 1b and 1c) . 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 No Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(B)

Description of services

OUTSIDE SALES REP

OUTSIDE SALES REP

OUTSIDE SALES REP

(C) Compensation

185,500

135,295

105,534

Form 990 (2017)

(A)

Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

WATERMELON EXPRESS

**ED-TEX** 

ANN BEESON,

233 SOUTH WACKER DR 5700 CHICAGO, IL 60606

15235 BRAND BLVD-SUITE A107 MISSION HILLS, CA 91345

compensation from the organization ▶ 3

1252 CRYSTAL PLACE EAST CHASKA, MN 55318

Part		I Statement of	Revenue									rage <b>3</b>
	-	<del></del>		a respo	onse or note to any	line in t	his Part VII	т				🗆
						(	<b>A)</b> revenue	Rela exe fun	B) ted or empt ction	(C Unrel busır reve	ated ness	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rev	enue			512-514
nts nts		<b>b</b> Membership dues		1b	119,394							
rar		Fundraising events			113,334							
». Am		_		1c								
單		d Related organizatio		1d	24.104							
s, (		Government grants (co		1e	24,184							
ion I Si	1	F All other contributions, and similar amounts n		1f	1,399,479							
iributions, Gifts, Grants Other Similar Amounts	١.	above  Noncash contribution	one included									
Contributions, Giffs, Grants and Other Similar Amounts	•	in lines 1a-1f \$	ons included									
Cont and	h	Total.Add lines 1a-1	lf		•	1	,543,057					
ı					Business							
₽.	2a	PUBLICATIONS				511130	7,0	000,224	7,00	00,224		
æ	b	CONFERENCES				611710		122,927	4:	22,927		
Service Revenue	С	TRAINING AND ACCRED	DITATION			611710		56,437		56,437		
Ser.	d											+
an	e											+
Program	f	All other program se	rvice revenue		7.	479,588		I		I		
\$	g	<b>Total.</b> Add lines 2a-2f	f		<b>&gt;</b>	47 5,300						
		Investment income (ii iimilar amounts) .			nterest, and other		327,42	4				327,424
		Income from investme			ond proceeds							
		Royalties				•						
			(ı) Rea	I	(II) Personal							
	6a	Gross rents										
	b	Less rental expenses				-						
	C	Rental income or (loss)										
	d	Net rental income o	r (loss)	•		1						
			(ı) Securi	ties	(II) Other							
	7a	Gross amount from sales of assets other than inventory	2,2	203,047								
	b	Less cost or other basis and sales expenses	1,5	511,469								
	c	Gain or (loss)	(	591,578								
		Net gain or (loss) .		•	<b>•</b>		691,57	8				691,578
Other Revenue	Вa	Gross income from fi (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
Re	b	Less direct expense	s	b								
ıer		Net income or (loss)			ents 🕨							
0	9a	Gross income from g See Part IV, line 19		ies								
				a								
		Less direct expense		b								
		Net income or (loss)		activit	ies <b>&gt;</b>	_						
	LUa	aGross sales of invent returns and allowand	tory, less ces	a								
	b	Less cost of goods s	sold	b								
	С	Net income or (loss)		invent								
-	11	Miscellaneous	Revenue		Business Code							
		a										
	h							+		-		
	b	•										
	-									1		
	C											
		All 11								1		
		All other revenue . Total. Add lines 11a			•			+		1		
					•			1		1		
	12	Total revenue. See	Instructions	• •	• • • •		10,041,64	7	7,479,58	8	0	-,,
												Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	110,000	110,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	142,801	142,801		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	340,914	202,012	104,217	34,685
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,307,724	1,411,978	676,234	219,512
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	64,190	32,737	24,392	7,061
9 Other employee benefits	222,099	113,405	85,984	22,710
<b>10</b> Payroll taxes	176,517	102,507	54,492	19,518
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting				
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,152,956	1,758,548	329,313	65,095
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				

661,395

637,642

76,340

2,030,308

404,088

38,222

37,119

9,915

9,412,230

220,462

544,599

2,004,738

387,940

23,394

11,000

7,066,121

423,600

68,747

76,340

15,881

12,314

13,940

24,163

9,915

1,919,532

17,333

24,296

9,689

3,834

888

1,956

426,577

Form 990 (2017)

- beliefits paid to of for members			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	340,914	202,012	
<b>6</b> 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	2,307,724	1,411,978	

16 Occupancy

**20** Interest . . .

23 Insurance . . .

c SUPPLIES

e All other expenses

21 Payments to affiliates . . .

expenses on Schedule O )

a PRINTING AND PUBLICATIO

**b** POSTAGE, DELIVERY AND S

d TELEPHONE AND COMMUNICA

22 Depreciation, depletion, and amortization

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 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) 1

2

3

4

20

21

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

End of year

(A)

Beginning of year

496,119

1.160.392

549,517

499.434

179.540

233.912

11.580.672

104,360

489,810

396,433

916.004

1,802,247

9.574.843

1,097,550

2.329.306

13,001,699

14.803.946

14,803,946

1,315,685

1,133,692

1

2 3

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10c

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22 23

24

25

26

30

31

32

33

34

Page **11** 

331,167 522.681

906,750

534.764

268.930

181.993

79.305

608,504

577,135

1.643.528

2,829,167

676,077

13,713,466

16.542.633

Form **990** (2017)

16.542.633

13.717.043

# Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing									
Savings and temporary cash	ınv	/esti	men	its					

Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under contributing employers and sponsoring organizations of section 501(c)(9)

II of Schedule L . . . . . . . section 4958(f)(1)), persons described in section 4958(c)(3)(B), and voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net . .

Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

10a basis Complete Part VI of Schedule D 10b

b Less accumulated depreciation 11 Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related See Part IV, line 11 . 14 Intangible assets . . . . .

15

Other assets See Part IV, line 11 . . . . . 16

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 18 Grants payable . . . 19

Deferred revenue . . . Tax-exempt bond liabilities . . . . . .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

22 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

Liabilities 23 24

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

25

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26

Other liabilities (including federal income tax, payables to related third parties, Total liabilities. Add lines 17 through 25 . .

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

27 10.708.083 28 29 2.329.306

Page **12** 

No

No

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2a

2b

2c

3а

3b

Yes

Yes

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,001,699
5	Net unrealized gains (losses) on investments	5	225,821
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
_		_	

Dar	YII Financial Statements and Penorting		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,713,4
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-143,4
8	Prior period adjustments	8	
7	Investment expenses	7	
ь	Donated services and use of facilities	6	

				V	NI.	
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>	
Part XII Financial Statements and Reporting						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,	713,466	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			143,471	
8	Prior period adjustments	8				
•	involution expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_				

8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-143,471
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13	,713,466
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	<b>✓</b>
			 Yes	No
1	Accounting method used to prepare the Form 990			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

### **Additional Data**

Software ID:

Software Version:

**EIN:** 16-6076384

Name: PROLITERACY WORLDWIDE

Form 990 (2017)

Form 990, Part III, Line 4a: PROGRAM AND PROFESSIONAL SERVICES - DOMESTIC PROGRAMSASSISTED OVER 1200 LITERACY GROUPS AND THEIR VOLUNTEERS AND STUDENTS THROUGH TRAINING, TECHNICAL ASSISTANCE AND FINANCIAL SUPPORT OF THEIR PROGRAMS COMMON TO PROLITERACY'S MISSION

Form 990, Part III, Line 4b: PUBLISHING FOR MORE THAN 40 YEARS, NEW READERS PRESS, PROLITERACY'S PUBLISHING DIVISION, HAS PROVIDED EDUCATORS WITH THE INSTRUCTIONAL TOOLS THEY NEED TO TEACH ADULT STUDENTS AND OLDER TEENS THE SKILLS FOR FUNCTIONING IN THE WORLD TODAY

Form 990, Part III, Line 4c: PUBLIC EDUCATION PROGRAMS AND PROJECTS THAT SUPPORT AND DISEMINATE INFORMATION ABOUT LITERACY TO THE PUBLIC, COMMUNITIES AND EDUCATORS ABOUT THE ROLE OF LITERACY IN A FUNCTIONING WORLD

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493316024078
SC	H <b>ED</b>	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	OMB No 1545-0047 2017
yyuı	LZ)				► Attach to Form	990 or Form 99	0-EZ.		Open to Public
		the Treasury	► Info	ormation abou	ıt Schedule A (Form <u>www.irs.g</u>	990 or 990-EZ <u>ov/form990</u> .	) and its instru	ictions is at	Inspection
Nam	e of th	<b>he organiza</b> WORLDWIDE	tion					Employer identific	ation number
					(AII)			16-6076384	
	rt I organiz				<b>us</b> (All organization : it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	•	,	(A)(i).	
2		•		·	1)(A)(ii). (Attach Scl				
3					vice organization desc	•	• •		
4		·	·	•	ed in conjunction with			•	nter the hospital's
•	Ш		and state _	mzadon operac	ed in conjunction with	a nospital descri	bed iii section .	170(D)(1)(A)(III). E	
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				oed in <b>section 170</b>
6 -		•	·	-	governmental unit de				
7				mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desci	ibed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10	✓	from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (19 implete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganization sup porting organiza	ervised or controlled i				
C		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n	on-function integrated	<b>ally integrate</b> The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enta-			on-functionally l organizations	integrated supporting	organization			
g				-	ipported organization(	(c)		_	
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support others: (see instructions)		(vi) Amount of other support (see instructions)	
						Yes	No		
<b>T</b> - *									
Tota		work Reduc	Liam A -± NI-+	: +l <b>*</b> -		Cat No 11285	<u> </u>	 Schedule A (Form 9	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part							
III. If the organization fa	III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Section A. Public Support	ection A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
Gifts, grants, contributions, and							

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
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	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	c (see instruction	ns)			12	
13	First five years. If the Form 990 is for	=			=		
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$						
S	ection C. Computation of Public						
14	Public support percentage for 2017 (line	6, column (f) dı	vided by line 11, c	olumn (f))		14	

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

				art I or if the org			er Part II. If
Section A. Public S		o quality under	the tests listed t	below, please co	implete Part II.)		
Calendar y	ear	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	
(or fiscal year beging 1 Gifts, grants, contrib membership fees re- include any "unusua	outions, and ceived (Do not	1,666,251	1,689,113	4,873,932	1,515,863	1,543,057	11,288,216
Gross receipts from merchandise sold or performed, or facilitiany activity that is rorganization's tax-es     Gross receipts from are not an unrelated business under section.	services les furnished in elated to the empt purpose activities that I trade or	11,687,524	8,167,695	9,057,347	6,988,487	7,479,588	43,380,641
4 Tax revenues levied organization's benef	for the it and either						
<b>5</b> The value of service furnished by a gover the organization with	rnmental unit to						
6 Total. Add lines 1 th	rough 5	13,353,775	9,856,808	13,931,279	8,504,350	9,022,645	54,668,857
<b>7a</b> Amounts included or 3 received from disc							0
b Amounts included or received from other disqualified persons greater of \$5,000 or	n lines 2 and 3 than that exceed the 1% of the						0
amount on line 13 fo c Add lines 7a and 7b	or the year						0
8 Public support. (So from line 6 )							54,668,857
Section B. Total Su	pport						
Calendar yo (or fiscal year begi		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line		13,353,775	9,856,808	13,931,279	8,504,350	9,022,645	54,668,857

351,567

351,567

423,384

423,384

10a 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,

Add lines 10a and 10b

1975

С

11

12

14

15

16

17

18

20

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 VI ) Total support. (Add lines 9, 10c,

13,777,159 10,208,375 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2016 Schedule A, Part III, line 17

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

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

72,834

14,004,113

72,834

520,286

9,024,636

520,286

1,019,002

1,019,002

10,041,647

15

16

17

18

2,387,073

2,387,073

57,055,930

95 820 %

96 980 %

4 180 %

3 010 %

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not b 33 1/3% support tests—2016. 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 18 is

▶□

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 ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	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 <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	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 <b>Part VI</b> when and how the organization made the	·			
	determination				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	es?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

C	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	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 <b>Part VI</b> 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	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a	any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you leed 12a or 12b in Part I, answer (b) and (c) below			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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		
5a	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 <b>Part VI</b> , 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		

6	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 <b>Part VI.</b>	6	
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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)		•	-9
	·		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		
b	A family member of a person described in (a) above?	11b		
	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		
	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
-	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting 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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection 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 instruction and the organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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	<b>2</b> a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

### Additional Data

### Software ID: Software Version:

EIN: 16-6076384

Name: PROLITERACY WORLDWIDE

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part 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)

# Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-

EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493316024078

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • 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" on 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 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PROLITERACY WORLDWIDE 16-6076384 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? 5 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

	ee (PAC) If additional space is needed, p			s a separate segregated
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C (	Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period

576,996

6,050

144,249

6,050

**(b)** 2015

646,564

21,447

161,641

21,447

(c) 2016

584,602

5,383

146,151

5,383

(d) 2017

620,612

3,992

155,153

3,992

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

2,428,774

3,643,161

36,872

607,194

910,791

36,872

(a) 2014

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

## **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.

DLN: 93493316024078 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** PROLITERACY WORLDWIDE 16-6076384 Part I 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 tax year 🕨 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(II)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t IIII	Organizations Maintaining Col	lections of Art, H	listori	ical T	reas	ures, or Other	Similar Assets	(continued)
3		g the organization's acquisition, accessions (check all that apply)	n, and other records,	check	any of	the f	ollowing that are a	significant use of i	ts collection
а		Public exhibition		d		Loa	n or exchange prog	rams	
b		Scholarly research		e		Oth	er		
С		Preservation for future generations							
4	Provi Part :	de a description of the organization's col XIII	lections and explain h	now the	ey furtl	her tl	ne organization's ex	kempt purpose in	
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						nilar 🗌 <b>Y</b>	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ansv		m 990	), Part	IV,	line 9, or reporte	ed an amount on	Form 990, Part
		X, line 21.							
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other Intermedi	ary for	· contri	butio	ns or other assets	not	es 🗌 No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table			Amoun	t
С	Begir	nning balance					1c		
d	Addıt	cions during the year					1d		
е	Dıstrı	ibutions during the year					1e		
f	Endır	ng balance					1f		
<b>2</b> a	Did t	he organization include an amount on Fo	orm 990, Part X, line i	21, for	escrov	v or c	ustodial account lia	ability?	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	Check here if the ex	olanat	ion has	s bee	n provided in Part 2	XIII	🗆
Pa	rt V	Endowment Funds. Complete if		·			<u>'</u>		<del></del>
			(a)Current year		rior yea		(c)Two years back	(d)Three years back	(e)Four years back
<b>1</b> a	Beginn	ning of year balance	7,154,224		6,34	4,418	2,974,045	2,597,296	2,319,383
b	Contrib	butions	10,153		12	2,900	3,444,307	340,200	29,369
c	Net inv	vestment earnings, gains, and losses	571,321		829	9,203	-56,564	59,179	363,614
d	Grants	s or scholarships							
e		expenditures for facilities rograms	34,464		32	2,297	17,370	22,630	115,070
f	Admın	istrative expenses							
g	End of	year balance	7,701,234		7,15	4,224	6,344,418	2,974,045	2,597,296
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balance 81 000 %	(line 1	g, colu	mn (	a)) held as		
b	Perm	anent endowment ► 19 000 %							
С	Temp	oorarily restricted endowment <b>&gt;</b>							
	The p	percentages on lines 2a, 2b, and 2c shou	ild equal 100%						
3a	orgar	here endowment funds not in the posses nization by	ssion of the organizati	on tha	t are h	eld a	nd administered fo	_	Yes No
		nrelated organizations		٠.	•	•		<u> </u>	Ba(i) No Ba(ii) No
b	If "Y∈	related organizations	·			. ?	· · · · · ·	[	3b
4		ribe in Part XIII the intended uses of the		vment 1	ıunas				
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		m 990	) Part	TV	line 11a. See Foi	rm 990 Part X I	ine 10
	Descr	ription of property  (a) Cost or oth (investme	ner basis (b) Cost						(d) Book value
1a	Land								
b	Buildin	ngs							
c	Leaseh	nold improvements							
d	Equipn	ment							
е	Other				1,3	15,68	5	1,133,692	181,993
Tota	I. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B)	, line	10(c))	<b>&gt;</b>	181,993

Part VII	Investments—Other Securities. Complete if the	ne organiz	ation ansv	vered "Yes" on F	orm 990, Part	: IV, line 11b.		
	See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value				hod of valuation		
(1) Financia	(Including name of security)			Cost o	r end-of-year m	narket value		
	held equity interests							
(A) MUTUAL	FUNDS	:	13,717,043		F			
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.	:	13,717,043					
	Complete if the organization answered 'Yes' on F							
	(a) Description of investment	(ь)	Book value		c) Method of val r end-of-year m			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )	•						
Part IX	Other Assets. Complete if the organization answered  (a) Description		orm 990, Pa	art IV, line 11d Se	e Form 990, Par	t X, line 15 (b) Book value		
(1)	• •							
(2)								
(3)								
(4)								
(5)								
(6)						_		
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )				•			
	Other Liabilities. Complete If the organization a	nswered	'Yes' on Fo	orm 990, Part IV	line 11e or 1	1f.		
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value				
	ncome taxes			1 642 520				
(2)	R SPLIT INTEREST TRUSTS			1,643,528				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, col (B) line 25)	the footn	ote to the c	1,643,528	ial statements	hat reports the		
	or uncertain tax positions  In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7					_		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . Page 4

10,267,468

143,471

9,412,230

9.412.230

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

d 2d 2e 225,821 e 3 3 10,041,647

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** . . . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 10,041,647 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 9,555,701 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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 X, line 2, Part

2a 2b

2c

2d

4a

4b

Explanation

143,471

2e

3

4c

5

Page <b>5</b>		Schedule D (Form 990) 2017		
	ormation <i>(continued)</i>	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

## **Additional Data**

Software ID: Software Version: **EIN:** 16-6076384

Name: PROLITERACY WORLDWIDE

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE ONGOING PROGRAM SERVICES OF

### **Supplemental Information** Explanation

Return Reference

PART V, LINE 4

PROLITERACY WORLDWIDE

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	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, 2018 AND 2017, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNIT ION OR DISCLOSURE IN THE FINANCIAL STATEMENTS IT IS THE ORGANIZATION'S POLICY TO RECOGNIZ E ANY INTEREST AND PENALTIES IN THE PROVISION FOR TAXES THE ORGANIZATION'S RETURNS ARE SU BJECT TO EXAMINATION BY TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST TRUSTS 143,471

Sı

efile GRAPHIC print	- DO NOT P	ROCESS	As Filed Data -	•		DLN:	9349331602	24078
SCHEDULE F	State	ment of	Activities (	tates	OMB No 1545	-0047		
(Form 990)	► Comple	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ▶ Attach to Form 990.					201'	7
Department of the Treasury Internal Revenue Service	► Informat	ion about Sche		and its ınstructions ıs at wи	vw.irs.gov	/form990.	Open to Pu Inspection	
Name of the organization	_					Employer iden	ntification num	ber
PROLITERACY WORLDWID	E					16-6076384		
	<b>nformation</b> Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes"	' to
1 For grantmakers	. Does the or	ganızatıon ma	aintain records to	substantiate the amount	of its gr	ants and		
other assistance, t	he grantees' e	eligibility for t	the grants or assis	stance, and the selection	criteria i	used		
to award the grant	s or assistanc	e?					☐ Yes	<b>✓</b> No
2 For grantmakers outside the United		Part V the org	ganization's proce	dures for monitoring the	use of it	s grants and otl	her assistance	
3 Activites per Region	(The followin	g Part I, line 3	table can be dupli	cated if additional space is	needed )	)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total exper for and invest in regior	ments
See Add'l Data				,				
								127.604
<ul><li>3a Sub-total</li><li>b Total from continuati</li><li>Part I</li></ul>	on sheets to		0 0					127,694 0
	and 3b)		0 0					127,694

	SOUTH ASIA	PUBLIC EDUCATION	45,204	WIRE		
				TRANSFER/CHECKS		
	SOUTH AMERICA	PUBLIC EDUCATION	6,326	WIRE		
				TRANSFER/CHECKS		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2017

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							appraisal, other
		+ +					
		1					

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t 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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> 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)	Yes	<b>☑</b> No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
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)	□Yes	<b>☑</b> No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	<b>✓</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (	Form 9	90) 2017 Page <b>5</b>
Part V Supp Provi		de the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting od); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide dditional information (see instructions).
Return Reference		Explanation
PART I, LINE 2		DETAILED GRANT FILES ARE MAINTAINED WITH PROGRESS REPORTS, OBJECTIVES CLEARLY DEFINED, AND MONITORING SUBSTANTIATED

Return Reference	Explanation
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

#### **Additional Data**

SUB-SAHARAN AFRICA -

BURKINA FASO,

ANGOLA, BENIN, BOTSWANA,

### Software ID: Software Version:

**EIN:** 16-6076384

Name: PROLITERACY WORLDWIDE

PUBLIC EDUCATION

58,800

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0		GRANTS TO RECIPIENTS LOCATED IN REGION	PUBLIC EDUCATION	17,364

0 IGRANTS TO RECIPIENTS

LOCATED IN REGION

Form 990 Schedule F Par	t I - Activities	Outside The L	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION	PUBLIC EDUCATION	45,204
SOUTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION	PUBLIC EDUCATION	6,326

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493316024078 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** PROLITERACY WORLDWIDE 16-6076384 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

**Explanation** 

Return Reference

PART I, LINE 2 DETAILED GRANT FILES ARE MAINTAINED WITH PROGRESS REPORTS, OBJECTIVES CLEARLY DEFINED, AND MONITORING SUBSTANTIATED

Schedule I (Form 990) 2017

## **Additional Data**

11 A ST NW ARDMORE, OK 73401 NEW DIMENSIONS LITERACY

COUNCIL 320 E STREET NW ARDMORE, OK 73401

# Software ID: Software Version: **EIN:** 16-6076384

26-3329866

Name: PROLITERACY WORLDWIDE

organization or government	if applicable	grant	cash assistance	other)	

501(C)(3)

(e) Amount of non- (f) Method of valuation

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

LITERACY PROGRAMS

LITERACY PROGRAMS

THE GRACE CENTER OF 73-0580285 501(C)(3) 15,000 SOUTHERN OKLAHOMA

8,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ARDMORE LITERACY 73-1372214 501(C)(3) 31.000 LITERACY PROGRAMS

LEADERSHIP 10 W MAIN ST - SUITE 313 ARDMORE, OK 73401 11-3803654 501(C)(3) 36.000 MUSKINGUM COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ZANESVILLE, OH 43701

LITERACY PROGRAMS LITERACY COUNCIL 319 MEL KAY WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-5562351 501(C)(3) 5.000 SALVATION ARMY LITERACY PROGRAMS 515 PUTNUM AVE ZANESVILLE, OH 43701 LITERACY PROGRAMS

MID-FAST CAREER AND 31-0727094 501(C)(3) 5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TECHNOLOGY CENTERS 400 RICHARDS ROAD ZANESVILLE, OH 43701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-5022110 501(C)(3) 5.000 LITERACY PROGRAMS

LITERACY PROGRAMS

FOREVERDADS 109 MADISON ST

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ZANESVILLE, OH 43701

320 F STREET NW ARDMORE, OK 73401

ARDMORE PUBLIC LIBRARY

73-1394307

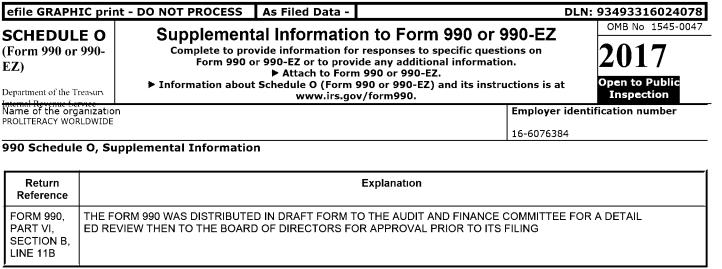
efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data - DLN	: 9349331	L <b>602</b> 4	078	
Sch	edule J	Compensation Information	OMB No	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	<b>2017</b>		
_		▶ Attach to Form 990.	Open			
	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .		ectio		
	ne of the organiza		tification nu	ımber		
PRU	LITERACT WORLDW	16-6076384				
Pa	rt I Questi	ons Regarding Compensation				
				Yes	No	
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a Complete Part III to provide any relevant information regarding these items				
		s or charter travel Housing allowance or residence for personal use				
	_	companions ————————————————————————————————————				
		nification and gross-up payments  Health or social club dues or initiation fees				
	LI Discretion	nary spending account				
b		xes in line 1a are checked, did the organization follow a written policy regarding payment or reimburse all of the expenses described above? If "No," complete Part III to explain	ement 1b			
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all	2	Yes		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
3		If any, of the following the filing organization used to establish the compensation of the				
		EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain in Part III				
		ation committee  Written employment contract  Compensation survey or study				
	·	of other organizations  Solution compensation committee				
4	During the year related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ation	or a			
а	_	rance payment or change-of-control payment?	4a		No	
b		r receive payment from, a supplemental nonqualified retirement plan?	4b		No	
С	•	r receive payment from, an equity-based compensation arrangement?	4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501/5//2	) F01(-)/4) and F01(-)/20) annoning tions much complete lines F 0				
5		e), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
•		ontingent on the revenues of				
а	The organization	n <sup>2</sup>	5a		No	
b	Any related orga	anization?	5b		No	
	If "Yes," on line	5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of				
а	The organization	n?	<b>6</b> a		No	
b	Any related orga		6b		No	
	•	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6 <sup>7</sup> If "Yes," describe in Part III	7		No	
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
9		8, did the organization also follow the rebuttable presumption procedure described in Regulations secti	8 on		No	
-	53 4958-6(c)?	2, 2.2 1.2 2.3224.6.1 4.30 19.01 4.10 19.04.4.3.10 procedure described in Regulations Section	9			
For I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Scher	ule 1 (Forn	990)	2017	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

	nns (B						) and (E) amounts for tha (E) Total of columns	
(A) Name and Title		(i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 KEVIN MORGAN PRESIDENT/CEO	(i)	200,950	0	0	6,263	27,515	234,728	0
,	(ii)	0	0	0	0	0	0	0
2 KAREN WELCH SUPERVISOR	(i)	177,457	0	0	0	15,076	192,533	0
SOI ERVISOR	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017



Return Explanation
Reference

FORM 990, ANNUAL CONFLICT OF INTEREST STATEMENTS ARE SIGNED BY BOARD MEMBERS AND MAINTAINED BY THE E PART VI, XECUTIVE SECRETARY IN THE BOARD MEMBER FILES ALL POTENTIAL CONFLICTS ARE IDENTIFIED AND M ONITORED THROUGH THESE DISCLOSURES AND UPDATED ANNUALLY

Return Explanation
Reference

FORM 990,	A DETAILED COMPENSATION REVIEW IS PERFORMED AND REVIEWED BY EXECUTIVE COMMITTEE OTHER OFF
PART VI,	CERS AND KEY EMPLOYEES ARE ANNUALLY REVIEWED BY AND COMPARED TO APPLICABLE GEOGRAPHIC AND
SECTION B,	DEMOGRAPHIC INFORMATION BASED UPON DUTIES PERFORMED CURRENTLY THE EXECUTIVE DIRECTOR POS
LINE 15	TION IS VACANT

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE AND ON ITS WEBSITE

Return Explanation
Reference

FORM 990, PART IX, RAL EXPENSES 329,313 FUNDRAISING EXPENSES 65,095 TOTAL EXPENSES 2,152,956

Return Explanation
Reference

LINE 9

FORM 990, PART XI.

Return Explanation

Reference	
FORM 990,	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR THE ORGANIZATION HAS A COMMITTEE WHICH AS
PART XII,	SUMES RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPEN
LINE 2C	DENT ACCOUNTANT