F	gg	n	Return of Org	ganization	Exemp	t From I	ncome	Tax	х	OMB No 1545-0047		
For		2020)	Under section 501(c), 527, or	4947(a)(1) of the Ir	nternal Rev	renue Code (ex	xcept priva	te fou	ndations)	2019		
•	January 2	·	▶ Do not enter soci						~ -	Open to Public		
	artment of nal Revenu	the Treasury le Service		gov/Form990 for i						Inspection		
Ā	For the	2019 calend	dar year, or tax year beginnin	g July 1	,	2019, and end	ing	June	30	20 20		
В	Check if a	pplicable	C Name of organization Literacy	Council of Alaska					D Employer	identification number		
	Address c	Address change Doing business as										
	Name cha	ınge	Number and street (or P O box	if mail is not delivered	to street ac	dress)	Room/suite		E Telephone	number		
Initial return 517 Gaffney Rd										(907) 456-6212		
	Final return	n/terminated	City or town, state or province,	country, and ZIP or fo	reign postal	code						
	Amended	return	Fairbanks, AK 99701	<u> </u>		G Gross rece						
Ш	Applicatio	n pending	F Name and address of principal of	fficer		ſ				indinates? Yes No No Cluded? Yes No		
_	Tax-exem	nt status	▼ 501(c)(3)) ◀ (insert no)	7 49470	a)(1) or 52/7	7 / 1			e instructions)		
<u>:</u>			eracycouncilofalaska.org) 4 (msert no)	1		/		xemption numl			
<u>к</u>			Corporation Trust Assoc	ation Other >		L Year of form		974	M State of leg			
P	art I	Summai		<u> </u>						 _		
	1 E		cribe the organization's mis	sion or most sign	ificant ac	vities.						
ç			n is to promote literacy for pe				ior of Alaa	ska. S	ignificant a	ctivities include		
nan	a	dult and so	chool-age literacy as well as	book recycling.								
Governance	Į.		box ▶ ☐ if the organization				ed of more	than		net assets.		
ဗ္ဗိ	ľ		voting members of the gov				377	γ	3	9		
Activities &	1		independent voting member				<u>ง</u> บ_์ • ำ	•	4	9		
vitie		r	per of individuals employed		1761		N . E2-6		6	34		
cţi	6 7	lotal numb	per of volunteers (estimate if ated business revenue from	Dart VIII column	7a	127 0						
Q.	7a b N	det unrelat	ed business taxable income	from Form 990-	Oine 39				7b	0		
_	<u> </u>	vet unrelat	ed business taxable income	5 1101111 01111 330		CCEINE	Pr	ior Yea		Current Year		
4	8 (Contributio	ns and grants (Part VIII, line	:1h)	<u> </u>	TVITOT			650,692	744,194		
Revenue			ervice revenue (Part VIII, line						40,000	16,458		
eve	10 i	nvestment	income (Part VIII, column (A), lines 3, 4, and	7d)				7,894	13,086		
Œ	11 (Other rever	nue (Part VIII, column (A), Iir	es 5, 6d, 8c, 9c,	10c, and	11e)			140,058			
		fotal reven	ue-add lines 8 through 11 (838,644	906,920							
	1		sımilar amounts paıd (Part							50,246		
	1	•	aid to or for members (Part I									
nses			her compensation, employee						575,635	647,154		
ens			al fundraising fees (Part IX, d aising expenses (Part IX, co									
Expe			aising expenses (Part IX, co enses (Part IX, column (A), lir			·			205,973	216,522		
		•	nses, Add lines 13-17 (must			line 25)			781,608	913,923		
	,	•	ss expenses. Subtract line	•					57,036	7,003		
es o					,		Beginning	of Curr		End of Year		
Net Assets or Fund Balances	20 7	Total asset	s (Part X, line 16)						418,917	439,323		
t As	21 7		(= -,						21,634	49,043		
호급	22 N	Vet assets	or fund balances. Subtract	line 21 from line	<u> 20</u>	· · · ·	<u> </u>	;	397,283	390,280		
	art II		re Block							<u> </u>		
Un	der penalti	es of perjury,	I declare that I have examined this Declaration of preparer tother tha	return, including acco	ompanying s	chedules and sta	atements, an erer has anv l	d to the knowled	best of my kn dae	owledge and belief, it is		
	1	· *						1	11111	12000		
Sig	ın	Signato	The of Ancer				•••	Date	11/10/	2000		
He		Signal	Shoc ob)					,			
	-	Type or	print name and title		••							
_	 ! ad	', ''	preparer's name	Preparer's signatur	е		Date		Check I if	PTIN		
Pa				<u></u>					self-employed	1		
	eparer e Only	J C	ne 🕨					Firm's	s EIN ▶			
		Firm's add	, , , , , , , , , , , , , , , , , , , 					Phone	e no			
Ma	y the IRS	discuss t	his return with the preparer	shown above? (s	ee instru	ctions) .	· · ·	<u> </u>	<u> </u>	☐ Yes ☐ No		
For	Panerwo	rk Reducti	on Act Notice, see the separ	ate instructions.		Cat	No 11282	1		Form 990 (2019)		

34

orm 99	00 (2019) Page 2									
Part										
٠	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission.									
	Our mission is to promote literacy for people of all ages in Fairbanks and the Interior of Alaska. Significant activities include									
	adult and school-age literacy as well as book recycling.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
_	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	if "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.									
	the total expenses, and revenue, it any, for each program service reported.									
4a	(Code:) (Expenses \$									
	Adult Education Program									
	Provide classroom instruction and tutoring for adults in ELL and GED prepation. Provide education, credentialling and									
	pre-employment training for individuals 16 - 24									
	ELL students - 163, ABE/GED students - 158, WIOA participants - 55									
	GED graduates - 75 Volunteer tutors - 11									
	Volunteer tutors - 11 Volunteer instructors - 44									
4b	(Code.) (Expenses \$ 79,107 including grants of \$ 89,515) (Revenue \$ 89,641)									
	School-age Literacy Program									
	Provide tutoring and instruction for school-age children that builds strong educational foundations and fosters a lifelong love									
	of learning.									
	Birch Park After School Program									
	Students - 111									
	Volunteers - 1									
	Parents - 12									
	Gals Read - Kids - 400, Volunteers - 20									
	Guys Read - Kids - 400, Volunteers - 20									
4c	(Code:) (Expenses \$ 144,257 including grants of \$ 393) (Revenue \$ 134,341)									
	Book Recycling Program									
	Free Books Provided - 16,969									
	Volunteers - 31									
	Workplace Literacy Students - 19									
4d	Other program services (Describe on Schedule O.)									
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 756.366									

Form **990** (2019)

ABOGIMO Page 3

Part	V Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		\
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b]	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a		24a		1
b	- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	·
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		\
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	√	
Part				<u>г</u> -
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
١			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Ť	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
_		JD_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		,
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
D	If "Yes," enter the name of the foreign country ►			1
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			 -
U	gifts were not tax deductible?	6ь	ł	
7	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	——-	7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
		-10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e	—— ·	-
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		_
			+	▼
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	+	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ n		 -i
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
^	sponsoring organization have excess business holdings at any time during the year?	8		 i
9	Sponsoring organizations maintaining donor advised funds.	<u>_</u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\dashv	
10	Section 501(c)(7) organizations. Enter:		ł	
a	Initiation fees and capital contributions included on Part VIII, line 12			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	Ì		i
11	Section 501(c)(12) organizations. Enter:	l	ł	
а	Gross income from members or shareholders	ł	1	l
b	Gross income from other sources (Do not net amounts due or paid to other sources	i		
40.	against amounts due or received from them.)			
	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		ŀ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		∔	<u>_</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		ł	ĺ
	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	1	- 1
	the organization is licensed to issue qualified health plans			į
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		✓_
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓_
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.			[

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change									
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•••		. <u>V</u>					
Secti	on A. Governing Body and Management			Yes	No					
12	Enter the number of voting members of the governing body at the end of the tax year	la l	Γ	163	140					
10	If there are material differences in voting rights among members of the governing body, or		1							
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain on Schedule O									
b	Enter the number of voting members included on line 1a, above, who are independent .	1b 0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with	1							
	any other officer, director, trustee, or key employee?		2		✓					
3	Did the organization delegate control over management duties customarily performed by or	under the direct	3							
	supervision of officers, directors, trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior For	m 990 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5	,	✓					
6	Did the organization have members or stockholders?		6	✓						
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		/					
b	Are any governance decisions of the organization reserved to (or subject to approva	 hv) members	<u> </u>		Ť					
D	stockholders, or persons other than the governing body?		7b		1					
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during								
-	the year by the following:	J								
а	The governing body?		8a	✓	L					
b	Each committee with authority to act on behalf of the governing body?		8b	✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section and the second section of the section and the second section of the section of th	ot be reached at			١,					
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9	000	✓_					
Secti	on B. Policies (This Section B requests information about policies not required by the	e irilerriai neveri	ue C	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		1					
	If "Yes," did the organization have written policies and procedures governing the activities of	such chanters								
b	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t		11a	✓	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	_						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	o rico to conflicte?	12a 12b	✓	-					
b	Did the organization regularly and consistently monitor and enforce compliance with the p		120	_						
С	describe in Schedule O how this was done	Jolicy: II Tes,	12c	1						
13	Did the organization have a written whistleblower policy?		13	1						
14	Did the organization have a written document retention and destruction policy?		14	1						
15	Did the process for determining compensation of the following persons include a review a	and approval by								
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	✓						
b	Other officers or key employees of the organization		15b		✓					
	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 similarity during the year?	lar arrangement	16a		-					
	Thin a factor of the year of the year of	· · · · · · ·	10a		•					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to									
	organization's exempt status with respect to such arrangements?		16b							
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ Alaska									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	e), 990, and 990-1	Sec (Sec	tion 5	501(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all tha Own website Another's website Upon request Other (explain on So									
10	Describe on Schedule O whether (and if so, how) the organization made its governing docu		finter	est n	olicv					
19	and financial statements available to the public during the tax year.				J., U.J.,					
20	State the name, address, and telephone number of the person who possesses the organization		cords	>						
	Rebecca Magowan, Literacy Council of Alaska, 517 Gaffney Rd., Fairbanks, AK 99701 (907) 456-	5212								

	-
Page	•

_			
Form	ggn	<i>LD</i> 01	Q١

Part VII	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	ensa	ated any current	officer, director,	or trustee.
				•	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	erage box, unless person is both an					n an	Reportable compensation from the	Reportable	Estimated amount of other
	hours per week	-	officer and a director/trustee)						compensation from related	compensation
	(list any	Individual to	Instr	Officer	Key employee	불률	Former	organization	organizations	from the
	hours for related	re d	[ğ	em Em	lest o	er	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	우声	<u>a</u>		ğ	l g				_
	below dotted line)	Individual trustee or director	Institutional trustee		ă	Pen		1		
	,	"	8			Highest compensated employee				
(1) Lisa Baker	1			_						1
President		✓	1					0	0	0
(2) Bradley McGinnity	1						1	}		
Vice-President/Treasurer		/	✓	L	<u> </u>		_	0	0	0
(3) Kelly Krug	1									
Member	ļ	✓				L	ļ	0	0	0
(4) Michael McConahy	11									
Member		-	ļ		<u> </u>		<u> </u>	0	0	0
(5) Elena Savastianova	11	,						_		
Member		1	\vdash	-			-	0	0	0
(6) Jennifer Tilbury	11	1	,							
Secretary		-	-	-		-		0	0	0
(7) Edward Paxson	1	1					1	١ .	n	0
Member (8) Karalee Watts	1									
Member	 	1						۰ ا	o	0
(9) Courtney Havrilek	1	<u> </u>					<u> </u>			<u> </u>
Member	†	1		İ				۰ ا	o	0
(10)										
				<u> </u>						
(11)										*
				L						
(12)										
(13)	<u> </u>		\vdash	-	-					
(10)	 									
(14)										
					:				:	

(A) Name and tide cores (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization set of the such individual Name and tidescores (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization set of the such individual Name and tidescores (including but not limited to those listed above) who received more than \$100,000 of reportable than tide tides tides of the such individual Name and tidescores (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization set tides of the such person of services Name and tidescores (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization set than \$100,000 of compensation from the organization set and tidescore the organization set and tidescore tidescore to the organization set and tidescore tidescore to the organization set and tidescore tidescore to the organiz	Par	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	id F	lighest Compe	nsated	Emplo	yees (co	ntinued
Name and total Name	•						-							
Compensation Comp		* *		(do n	ot ch			e than o	one (D)			i	-	-
Part		Name and title		box,	unles	s pe	rson	is both	n an					
(15) (16) (17) (18) (20) (21) (21) (22) (23) (24) (25) 10 Subtotal 1 Total (add lines to and 1c) 1 Total (add sines to and 1c) 2 Total anumber of indvaluals (including but not limited to those insted above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation or individual sections of the organization of "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual sections of the organization of "Yes," complete Schedule J for such person 4 J Complete this table for your five highest compensation from many unrelated organization or individual sections. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who			per week				$\overline{}$			from the	from re	lated	compe	nsation
(15) (16) (17) (18) (20) (21) (21) (22) (23) (24) (25) 10 Subtotal 1 Total (add lines to and 1c) 1 Total (add sines to and 1c) 2 Total anumber of indvaluals (including but not limited to those insted above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation or individual sections of the organization of "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual sections of the organization of "Yes," complete Schedule J for such person 4 J Complete this table for your five highest compensation from many unrelated organization or individual sections. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who				di div	TS T) Ho	ey e	mg ag	or a					
(15) (16) (17) (18) (20) (21) (22) (23) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who A For any individual isted on line 1a, is the sum of reportable compensation and either corganization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensation from any unrelated organization or individual 2 Total number of independent contractors (including but not limited to those listed above) who			related	dual	항	4	ğ	st co	역		(
(15) (16) (17) (18) (20) (21) (22) (23) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who A For any individual isted on line 1a, is the sum of reportable compensation and either corganization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensation from any unrelated organization or individual 2 Total number of independent contractors (including but not limited to those listed above) who				T tg	a d) We	g						
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (27) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20			dotted line)	6	l ste		"	ensa						
(16) (17) (18) (20) (21) (22) (23) (24) (25) (25) 1 Dotal number of individual isted on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation from the organization of individual isted on line 1a, is the sum of reportable compensation from the organization of individual isted on line 1a, is the sum of reportable compensation from the organization of individual isted organization. See The organization of services rendered to the organization. Report compensation for the calendar year ending with or within the organization of services organization. Report compensation for the calendar year ending with or within the organization of services. 2 Total number of independent contractors (including but not limited to those listed above) who				<u> </u>	L			e e						
(17) (18) (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization from the organization or individual Significant for such person (A) Description of services Compensation (A) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(15)													
(17) (18) (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization from the organization or individual Significant for such person (A) Description of services Compensation (A) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			<u> </u>		ļ	ļ	ļ	ļ <u>-</u>	_					
(16) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 > Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	(16)		 	1										
(16) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 > Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	(17)		 	 		-	 	-	├					
[20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [23] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	<u> </u>			1			ĺ		ĺ					
[20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [23] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(18)	·							 					
(20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (COMPENSATION OF SERVICES (CO	J			1 .			L							
(21) (22) (23) (24) (25)	(19)			[
(21) (22) (23) (24) (25)								ļ						
(23) (24) (25)	(20)													
(23) (24) (25)	(04)	· · · · · · · · · · · · · · · · · · ·	 											
(23) (24) (25) (25) (25) (26) (27) (27) (28) (29)	(21)			1										
(23) (24) (25) (25) (25) (26) (27) (27) (28) (29)	(22)					H			\vdash					
(24) (25)	\ /		f	1			;			İ				
25 15 15 15 15 16 16 16 1	(23)													
25 15 15 15 15 16 16 16 1										<u>.</u>				
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ✓ Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(24)													
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ✓ Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(0.5)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	(25)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who		Subtotal	<u> </u>	ļ.						,				
Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed 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 individual such and its expectation of the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									•					
Teportable compensation from the organization ► 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_								•					
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 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 individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Total number of independent contractors (including but not limited to those listed above) who	2			to th	ose	list	ed a	above	e) wi	no received more	e than \$1	00,000	of	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	zation >											
employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who													Y	es No
4 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 individual	3													_ _/
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4	• •											-	- 1
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4												!	
for services rendered to the organization? If "Yes," complete Schedule J for such person														7
Section B. Independent Contractors 1 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. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	uni	related organizat	ion or ind	lividual		
1 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. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			If "Yes," c	omple	ete -	Sch	edu	ile J f	or s	uch person .	<u> </u>	·	5	<u> </u>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who														
(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	1													
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			ort compen	sation	i ior	tne	cai	endar	yea		within the	organ		ax year.
			ress								ices	C		on
														
						,								
		-2								··-		<u> </u>		
	2			_					the	ose listed above	e) who			j

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
<u> </u>		Check if Schedule	O cc	ontains a r	espoi	nse or note to ar		· · · · · · · · · · · · · · · · · · ·		· · · · L			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ats st	1a	Federated campaig	ıns .		1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b								
S, G	C	Fundraising events			1c	25,777							
ar ar	d	Related organizatio			1d	597,212							
is, (e		Government grants (contributions) 1e All other contributions, gifts, grants,							1			
tion r.s	T	and similar amounts n				121 205							
휼		g Noncash contributions included in			121,205								
5 G	9	lines 1a-1f	-		1g	\$							
S E	h					•	744,194						
						Business Code	1.11.11.1						
e G	2a	Classes and Tutoring	g Fee:	s			16,458	16,458					
Program Service Revenue	b												
S I	С												
gram Ser Revenue	d												
ē Œ	е												
<u>a</u>	f	All other program so								····			
	g	Total. Add lines 2a-					16,458	· 					
	3	Investment income other similar amoun					12.000	12.000					
	4	Income from investr					13,086	13,086	· · · · · · · · · · · · · · · · · · ·				
	5	Daniel III			•								
	•	rioyanico	ĊĊ	(i) Rea		(II) Personal		· · · · · · · · · · · · · · · · · · ·					
	6a	Gross rents .	6a			1							
	ь	Less. rental expenses	6b										
	С	Rental income or (loss)	6c										
	d	Net rental income o	r (los	s)		▶							
	7a	Gross amount from		(i) Secun	ties	(ii) Other							
		sales of assets	_										
		other than inventory	7a	-									
Revenue	b	Less: cost or other basis	76										
ķ	С	and sales expenses Gain or (loss)	7b 7c										
	d	Net gain or (loss)				▶							
Other	8a	Gross income from	n fu		Ϊ								
ಕ	J	events (not including		inaraioing									
i		of contributions rej		d on line									
		1c). See Part IV, line	18		8a								
	b	Less, direct expense			_8b		,						
	С	Net income or (loss)			g eve	nts ►							
	9a	Gross income f											
	L	activities. See Part I			9a 9b			}					
	b C	Less. direct expense Net income or (loss)				es D							
		Gross sales of in		_	Stivitie	5							
	IVa	rcturns and allowan			10a								
	ь	Less: cost of goods			10b								
		Net income or (loss)				ory >							
छ						Business Code							
او ق	11a	Sale of Used Books					131,955	131,955					
ᇣᆲ	b	Other		·			1,227	1,227		·			
Miscellaneous Revenue	C	***				ļ							
£		All other revenue	-			L							
		Total rayonus See			<u></u>	· · · · •	133,182						

Part IX	Statement of Functional Expenses	

	Statement of Functional Expenses	lata all anti-man. All	-th	must samalata salum	- (A)
Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		охренов	goneral expenses	oving a series of the series o
2	Grants and other assistance to domestic individuals. See Part IV, line 22	50,246.04	50,246.04		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,2.0.0	00/2 10:00		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	579,659.69	469,946.40	109,713.29	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,700.49	8,089.54	2,610.95	
9	Other employee benefits				
10	Payroll taxes	56,793.71	47,776.35	9,017.36	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	5,269.10		5,269.10	
d	Lobbying				
е	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.)				
12	Advertising and promotion	10,825.55	9,368.35	1,014 00	443.20
13	Office expenses	18,711.79	15,381.85	2,974 59	355.35
14	Information technology				
15	Royalties				
16	Occupancy	56,348.33	50,149.13	6,199.20	
17	Travel	10,828.39	10,121.09	707.30	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		T		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	18,338.68	15,282.23	3,056.45	
23	Insurance	7,638.04	6,849.41	788.63	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies (except office)	15,392.56	14,730 31	159.35	502.90
b	Participant Work Experience	46,320.72	46,320 72		
C	Loss on Investments	12,327.95		12,327.95	
d	Other	14,521.95	12,105.03	1,143.25	1,273 67
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	913,922.99	756,366.45	154,981.42	2,575.12
26	Joint costs. Complete this line only if the	T	1		
	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)				ŗ

Ę	art X	Balance Sheet Check if Schedule O contains a response or	note	to any line in this Par	tX		m
		Grieck if Scriedule O Cortains a response of	Hote	to any internation at	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			23,068	1	146,923
	2	Savings and temporary cash investments .		[58,449		33,782
	3	Pledges and grants receivable, net			186,212	3	78,934
	4	Accounts receivable, net		[1,921	4	690
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of these	antial	contributor, or 35%		5	
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,795	8	5,387
Ÿ	9	Prepaid expenses and deferred charges		<u>.</u>	11,048	9	15,964
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		232,762.71			
	Ь	Less: accumulated depreciation			83,588	10c	96,169
	11	Investments—publicly traded securities			· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments—other securities. See Part IV, line 1	48,836	12	61,475		
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	418,917	16	439,323
	17	Accounts payable and accrued expenses .			21,634	17	30,543
	18	Grants payable		[18	
	19	Deferred revenue		[19	18,500
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete F	Part I	/ of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst	antıal	contributor, or 35%			
api		controlled entity or family member of any of thes		⊢		22	
ב	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		[21,634	26	49,043
seo		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck he	re▶ 🗆			
ā	27	Net assets without donor restrictions			353,583	27	345,968
B	28				43,700		44,312
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98 and complete lines 29 through 33.	58, cł	neck here ▶ 🗌	• • • • • • • • • • • • • • • • • • • •		
þ	29	Capital stock or trust principal, or current funds		-		29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
SS	31	Retained earnings, endowment, accumulated inc				31	
ř.	32				397,283	32	390,280
Ž	33	Total liabilities and net assets/fund balances .		<u> </u>	418.917		439.323

Par	t XI Reconciliation of Net Assets				
Ť	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06,920
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,923
3	Revenue less expenses. Subtract line 2 from line 1	3			7,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		39	7,283
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		39	0,280
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u>			V
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		}
_	Schedule O.		<u> </u>		
2a					✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		İ
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		
D	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		ļ
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				- [
_	·	المعاجب حدد			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta	_	Of 2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	(piairi (
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ne		
	Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udıts .	3b		
				000	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	acy Council of Alaska				1. 16:2		10100		
Pa							ons.		
	organization is not a private founda								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	☐ A hospital or a cooperative hos	spital service org	janization described i	n sectio i	n 170(b)(1	1)(A)(iii).	\cup		
4	A medical research organization	on operated in co	onjunction with a hosp	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state	e:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın secti	on 170(b)	(1)(A)(v).			
7	An organization that normally						n the general public		
	described in section 170(b)(1)								
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organi				aratad in	conjunction with a l	and grant college		
9	or university or a non-land-grain	zation described	am section (70(b)(1)	(A)(IX) OF	or the non	oo oity and state of	the college or		
	university of a non-land-grain university.	nt college of agr	iculture (see mstructio	J115). L110	or the nan	ne, city, and state of	the college of		
40	An organization that normally r		~ 11	upport fr	om contrí	hutione membershi	n fees and gross		
10	receipts from activities related	to its exempt fu	nctions—subject to c	ertain ex	ceptions.	and (2) no more tha	n 331/3% of its		
	support from gross investment	income and un	related business taxa	ble ıncon	ne (less s	ection 511 tax) from	businesses		
	acquired by the organization a								
11	☐ An organization organized and								
12	☐ An organization organized and	operated exclus	ively for the benefit o	f, to perfe	orm the fo	unctions of, or to ca	rry out the purposes		
	of one or more publicly suppo								
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.		
а	☐ Type I. A supporting organ	zation operated	, supervised, or conti	rolled by	its suppo	rted organization(s),	typically by giving		
	the supported organization								
	supporting organization. Ye								
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
-	control or management of I	lhe supporting a	rganization vested in	the same	e persons	that control or man	age the supported		
	organization(s). You must				•				
С					onnectio	n with, and function	ally integrated with.		
·	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV. Secti	ons A. D. and E.	,		
d							orted organization(s)		
u	that is not functionally integ	rated The orga	pporting organization nization denerally mu	et estiefy	a distribi	ition requirement an	nd an attentiveness		
	requirement (see instruction						a an attornivonous		
		•	=				. U. T III		
е							е ії, туре ііі		
	functionally integrated, or T	• •		pporting	Organizat	1011.			
T	Enter the number of supported of	•					· · L		
<u>g</u>						I			
	(i) Name of supported organization	(li) EIN	(III) Type of organization (described on lines 1–10	(iv) Is the o	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))		ment?	instructions)	instructions)		
					1				
				Yes	No				
(A)					1				
(B)					}				
									
(C)					1				
ιο,							.,,,,		
(D)									
(D)				<u></u>	<u> </u>				
/E\							•		
(E)						<u> </u>			
Tota	<u> </u>								

18

Schedu	ıle A (Form 990 or 990-EZ) 2019						Page 2
Par	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	-
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	319,812	338,676	469,980	650,692	744,194	2,523,354
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	319,812	338,676	469,980	650,692	744,194	2,523,354
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						2,523,354
	ion B. Total Support						<u> </u>
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	319,812	338,676	469,980	650,692	744,194	2,523,354
8 9	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,159	4,338	3,518	7,894	13,086	30,995
	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.)	116,210	145,823	157,081	140,058	149,640	708,812
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ns)	l		12	3,263,161
13	First five years. If the Form 990 is for the organization, check this box and stop her	e organization's	s first, second				
	on C. Computation of Public Support			L polymon (5)		14	77.00/
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 33 ¹ / ₃ % support test—2019. If the organization quality and stop here. The organization quality	edule A, Part II, zation did not c	line 14 . heck the box	 on line 13, an[d line 14 is 33	15 1/3% or more,	
b	331/3% support test—2018. If the organization of this box and stop here. The organization of	ation did not c	heck a box or	line 13 or 16a	a, and line 15	ıs 331/3% or me	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mer Part VI how the organization meets the "forganization	19. If the orgar ets the "facts-a acts-and-circui	nization did no ind-circumsta mstances" tes	ot check a box nces" test, ch	on line 13, 16 eck this box a ation qualifies	6a, or 16b, and and stop here. as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the	"facts-and-ci	rcumstances"	test, check t	his box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part							
•	(Complete only if you checked t						ify under Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·				•	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 / (f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise	ļ	<u> </u>	····	ļ		/
~	sold or services performed, or facilities		}			/	/
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		 	ļ			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the	ļ			/	ľ	
	organization's benefit and either paid to				/		
_	or expended on its behalf		ļ				
5	The value of services or facilities				/		
	furnished by a governmental unit to the		İ		/		
_	organization without charge		<u> </u>		_/		
6	Total. Add lines 1 through 5			ļ	/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	1	ļ	/			
	·	ļ		/			, , , , , , , , , , , , , , , , , , ,
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year	!					
_	•	<u> </u>		/			
С 8	Add lines 7a and 7b	·····	 	/			
0	line 6.)		<i></i>	ľ	ļ		
Secti	on B. Total Support	I	-	L	l		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
9	Amounts from line 6	(4) 23.5	/	(6) 20 17	(4) 20.0	(0) = 0	(1) 1010
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses	l /					
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11/]				
	and 12.)		1		<u> </u>		
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he		<u> </u>		· · · · ·		· · · • <u>• </u>
	on C. Computation of Public Suppor			10 1 (0)		145	
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of/Investment In			loo 40!	(6)	4-9-1	
17	Investment income percentage for 2019 (• •			17	<u>%</u>
18	Investment income percentage from 2018					18	321 m94 and line
19a	331/3% support tests – 2019. If the organ 17 is not more than 331/3%, check this box						
b	331/3% support tests - 2018. If the organiz line 18 is not more than 331/3%, check this l						
	/						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	neck this box a	and see II	nstructions 🕨 🗀

Part IV Supporting Organizations

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

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

Pag	e	5

Part	V Supporting Organizations (continued)			
			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		
С	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		
	on 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ŀ		'
	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.			$oxed{oxed}$
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization.	2	Ĺ	L
Section	on C. Type II 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			r
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?			
_		1		ļ
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		\vdash
•	-			
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 Part VI the role the organization's			
	supported organizations played in this regard	3		
Saction	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	ctions	<u></u>
' a	The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	:		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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 Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

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

Schedu	le [·] A (Form 990 or 990-EZ) 2019			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions	th the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
h	Applied to 2019 distributable amount			·
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7.			
a	Excess from 2015 .			
<u>_</u>	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Part VI	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.)
•	

SCHEDULE D (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. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer (dentification number

92-6010100 Literacy Council of Alaska Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . . 4 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No 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. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par		Organizations Maintaining	Collections of	Art, His	storical 1	reasures	, or Ot	her Similar A	sse	ts (con	tinued)
3		the organization's acquisition, ction items (check all that apply):		her reco	ords, chec	k any of th	e follow	ing that make	sıgn	ificant u	se of its
а	☐ Pu	iblic exhibition		d		or exchang					
þ		cholarly research		e	☐ Other						
С		eservation for future generations									
4	Provid XIII.	de a description of the organiza	tion's collections a	and expl	laın how ti	hey further	the org	anızatıon's exe	mpt	purpos	e in Part
5		g the year, did the organization s to be sold to raise funds rathei								☐ Yes	□ No
Part	IV	Escrow and Custodial Arra	angements.								•
		Complete if the organization 990, Part X, line 21.	answered "Yes'	on Fo	rm 990, F	Part IV, lin	e 9, or ı	reported an a	mou	int on F	orm
1a	includ	e organization an agent, trustee ded on Form 990, Part X?								☐ Yes	□ No
Ь	If "Ye	s," explain the arrangement in P	art XIII and comple	ete the f	ollowing ta	able:		· 1			
	_						-	<u> </u>	Amo	unt	
C		ining balance			•	· · · ·	1c				
d							1d				
е		outions during the year					1e	 			
f		g balance				• • •	1f	.1		7 7	<u> </u>
2a		ne organization include an amoun									∐ No
		s," explain the arrangement in P	art XIII Check nere	e ir the e	explanation	n nas been	provide	d on Part XIII .	•		
Par	t V	Endowment Funds.	anamoral (Was)		000 r) ort 11/ 1/m	- 10				
		Complete if the organization				(c) Two yea		(d) Three years ba	at 1	e) Four ye	ara baak
4-			(a) Current year	(b) Pi	or year			· · · · · · · · · · · · · · · · · · ·		ej rour ye	
1a	-	ning of year balance	48,836		46,074		38,413	28,5			21,956
b		ibutions	12,102				5,026	6,0	58		6,133
С		vestment earnings, gains, and									440
		5	537		2,762		2,635	3,8	54	· · · · · · · · · · · · · · · · · · ·	412
d		s or scholarships									
е	progra	expenditures for facilities and ams			·····						
f		nistrative expenses						_	_		
9		f year balance	61,475		48,836		46,074	38,4	13		28,501
2		de the estimated percentage of t			ce (line 1g	, column (a	i)) held a	ıs:			
a	Board	designated or quasi-endowmen		%							
b		anent endowment >	%								
С		endowment ▶%		2001							
		ercentages on lines 2a, 2b, and									
3a		nere endowment funds not in the	e possession of th	e organ	ization tha	at are held	and adr	ninistered for t	ne	TV.	s No
	•	ization by.							ſ		
	• •	nrelated organizations			• • •					3a(i)	
		elated organizations							ŀ	3a(ii)	✓
b		s" on line 3a(ii), are the related o	•						L	3b	
4		be in Part XIII the intended uses		n's end	owment it	inas.					
Part	VI	Land, Buildings, and Equip		on Fo	000 E	Port IV June	110 6	Soo Form 000	Da	rt V lin	o 10
		Complete if the organization									
		Description of property	(a) Cost or oth			r other basis ther)		ccumulated preciation		d) Book v	
1a	Land		·		ļ						
b		ngs			ļ						
С	Lease	hold improvements	-		 	143,356		93,270			50,086
d	Equip	ment				6,873		3,346			3,525
<u>e</u>	Other		.		l	82,534		39,978			42,558
Total.	Add Iır	nes 1a through 1e. (Column (d) n	nust equal Form 99	0, Part	X, column	(B), line 10)c.)	<u> ▶ </u>			96,169

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	I derivatives			
	neld equity interests			
(3) Other		·		
(A) Endow	vment Fund	61,475	end of year market	value
				- , ,
(C)		,		
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	61,475		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.		<u></u>	
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	• • • • • •	
	Complete if the organization answered "Yes" on Formula 25.	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	the state of the s			
(2)				···
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	_ <u> </u>	<u> ▶</u>	
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	s liability for uncertain tax positions under FASB ASC 740 Check	nere if the text of the	tootnote has been p	provided in Part XIII . L

Part				Return.	
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements		iiile 12a.	1	200.000
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				998,929
2	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	2b	105,375		
C	Recoveries of prior year grants		105,375		
. d	Other (Describe in Part XIII.)				
. е	Add lines 2a through 2d			2e	105,375
3	Subtract line 2e from line 1			3	893,554
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			033,334
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	13,366		
c				4c	13,366
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	906,920
Part				r Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,006,969
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a	105,375		
b	Prior year adjustments	2b	•		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	105,375
3	Subtract line 2e from line 1			3	901,594
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	12,329		
С	Add lines 4a and 4b			4c	12,329
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.) .	<i></i> .	5	913,923
2; Part v.14 x1 4.b	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part To Support Programs Investment Income 426 Donor Restrictions 12,940	to provid	le any additional inf	formation.	
	Total 13,366				
<u>x11_4</u>	b Released from restrictions 12,329				
					•••••
			·		

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
<u> </u>		

- 		
·		
·		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization					Employer identific	cation number
Litera	cy Council of Alaska					92	-6010100
Par		. Complete if to not required to	he organiza complete	ation ansv this part.	vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. Ch	eck all that apply.	
а	Mail solicitations		е [on of non-governm		
b	☐ Internet and email solicitation	ons	f [∃ Solicitat	on of government	grants	
С	☐ Phone solicitations		g [Special :	fundraising events		
d	☐ In-person solicitations				•		
2a	Did the organization have a wri						
b		d individuals or	entities (fun				
	compensated at least \$5,000 b	y the organization	on.			- 4 7	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6						.	
7	,						
8							
9							
10							-
Total				· >			
3	List all states in which the organized registration or licensing.				olicit contributions	or has been notifi	ed it is exempt from
	·						

							••••

Cat No 50083H

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 Spelling Bee (event type)	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	5900.00			5,900.00
_	2 3	Less: Contributions Gross income (line 1 minus line 2)	5,900.00			5,900.00
	4	Cash prizes	500.00			500.00
	5	Noncash prizes	2,500.00			2,500.00
enses	6	Rent/facility costs	1,500.00			1,500.00
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	54.17		<u> </u>	54.17
Pa	10 11 irt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)		4,554.17 1,345.83 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)	<u> </u>	
9	a Ist	iter the state(s) in which the org the organization licensed to co 'No," explain.	onduct gaming activities	in each of these states		🔲 Yeş 🔲 No
10		ere any of the organization's ga 'Yes," explain:		, suspended, or termina	ated during the tax year	

	le G (Form 990 or 990-EZ) 2019		Page
1		☐ Yes	□ No
2	-	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		·
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions.		
а	- · · · · · · · · · · · · · · · · · · ·	☐ Yes	□No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ii) and (al ınforr	v); and mation
			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Literacy Council of Alaska

Partl

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

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

▶ Attach to Form 990.

ormation.
ne latest inf
m990 for tl
rs.gov/Fon
www.i

▼ Go to

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Open to Public Inspection

Employer Identification number

92-6010100

OMB No 1545-0047 2019 **ջ** □

✓ Yes

. . . .

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monitoring	the use of grant fur	nds in the United	States.		i
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		ations and Dom	lestic Governm Il can be duplica	ents. Complete in	the organization answespace is needed.	ganizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization (b) EIN or government	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						
(2)						
(6)						
(4)			;			
(5)						
(9)						
(a)						
(8)						
(6)						
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government or3 Enter total number of other organizations listed in the line	I government organizatisted in the line 1 table	ganizations listed in the line 1 table 1 table 1 table	ine 1 table .			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2019)

Schedule | (Form %) (2019)
Part III Grants a

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1 Clothling 11 0 3,761.51 FMV Clothling for work 2 Incantives 17 0 3,350.00 FMV Passing GED tests/attaining GED 3 Supplies 21 0 4,097.92 FMV Books & class materials 4 Supplies 3 0 2,843.63 FMV Books & class materials 5 Tution 40 0 13,333.00 FMV Classes 6 Transportation 25 3 4,536.33 FMV Autor repair, bus passes, gas, auto ins. 2 Tution 20 Transportation 21 8 13,992.71 FMV Housing, rent, food, phone 2 Tution 21 2 1,580.00 FMV Testing 2 Other 27 0 1,580.00 FMV Testing 2 Other 27 0 1,600.00 FMV Testing 3 40.00 FMV Testing CTC CTC Other 4 0 160.00 FMV Mssc.	11 0 3,761.51 FMV	(a) Type of grant or assistance (b) Numb recipier	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
17 0 3,950.00 FMV	17 0 3,950.00 FMV	1 Clothing	11	0	3,761.51	FMV	clothing for work
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additions 13,992.71 FMV 17 160.00 FMV 17 160.00 FMV 17 160.00 FMV 17 160.00 FMV 180.00 upplemental Information. Provide the information required in Part I, line 2; Part III. column (b); and any other addited and the column (column line). 1,460.94 FMV 17	2 Incentives	17	0	3,950.00	FMV	Passing GED tests/attaining GED	
12,843.63 FMV	Supplemental Information	3 Supplies	21	0	4,097.92	FMV	Books & class materials
Supplemental Information. 25 3 4,536.33 FMV Supplemental Information. 21 5 13,992.71 FMV 27 0 1,660.00 FMV 17 0 340.00 FMV 4 0 1660.00 FMV 5 2 1,460.94 FMV	Outation 25 3 4,536.33 FMV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional column (b); and any other additional column (b); and any other additional column (b); and any other additional column (b); and any other additional column (b); and any other additional column (b); and any other additional column (b); and any other additional column (c); and any other ad	4 Supplies	3	0	2,843.63	FMV	Tools, etc. for work
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other addition. 27 0 1,660.00 FMV 17 0 1,660.00 FMV 4 0 160.00 FMV 5 2 1,460.94 FMV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other addit 17 0 340.00 FMV 4 0 1,460.94 FMV	5 Tuition	40	0	13,333 00	FMV	classes
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other addit 27 0 1,660.00 FMV 17 0 340.00 FMV 4 0 160.00 FMV 5 2 1,460.94 FMV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other addit 27 0 1,660.00 FMV 17 0 340.00 FMV 4 0 160.00 FMV 5 2 1,460.94 FMV	6 Transportation	25	3	4,536.33	FMV	auto repair, bus passes, gas, auto ins.
Other 27 0 1,660.00 FMV Other 17 0 340.00 FMV Other 4 0 160.00 FMV Other 5 2 1,460.94 FMV	Other 17 0 1,660.00 FMV Other 4 0 160.00 FMV Other 5 2 1,460.94 FMV		21 the information r	s equired in Part I, lin	13,992.71 e 2; Part III, column	FMV (b); and any other addit	Housing: rent, food, phone onal information.
17 0 340.00 FMV 4 0 160.00 FMV 5 2 1,460.94 FMV	17 0 340.00 FMV 4 0 160.00 FMV 5 2 1,460.94 FMV	Other		0	1,660.00		Testing
4 0 160.00 FMV 5 2 1,460.94 FMV	4 0 160.00 FMV 5 2 1,460.94 FMV		17	0	340.00	FMV	Background Checks
5 1,460.94 FMV	5 1,460.94 FMV	Other	4	0	160.00		Application Fees for CTC
		Other	5	2	1,460.94		Misc.

Funds provided for these grants to individuals are from the WIOA Youth grant. Files are kept on each participant showing funds spent. There are specific guidelies and limits for spending.

A monitoring is done by the Department of Labor every year where these individual accounts are examined for compliance.

Schedule I (Form 990) (2019)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 92-6010100 Literacy Council of Alaska Part I Types of Property (c) (a) (b) (d) Noncash contribution Number of contributions or Method of determining Check if amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art—Historical treasures . . 3 Art-Fractional interests . . . 4 Books and publications . . . Clothing and household 5 goods 6 Cars and other vehicles . . 7 Boats and planes Intellectual property 8 9 Securities-Publicly traded . . 10 Securities—Closely held stock . 11 Securities - Partnership, LLC. or trust interests 12 Securities-Miscellaneous . 13 Qualified conservation contribution-Historic structures . . . 14 Qualified conservation contribution-Other 15 Real estate-Residential . . 16 Real estate-Commercial . . Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy Historical artifacts . . 22 23 Scientific specimens 24 Archeological artifacts . . . 25 26 27 Other ► (_____) 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required ✓ 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? h If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M ((Form 990) 2019 Page 2	2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	
		-
		_
		-
		
••••••		-
		-
		-
·		
•••••		
		•
		,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Literacy Council of Alaska 92-6010100 Part VI #6 The Literacy Council of Alaska has members. Membership in the Literacy Council of Alaska is open to all individuals interested in and supportive of the stated mission. Regular members are those who make a donation of \$20 or more during the fiscal year or who are active volunteers during the year. #11a The current 990 was completed and a copy given to each member of the Board of Directors during a regular scheduled meeting. b The Finance Committtee reviews the 990 before it is filed. #12c The Board of Directors reviews the conflict of interrest policy annually at a regulrly scheduled boardmeeting #15a The Board of Directors, as independent persons, review and approve the compensation of the Executive Director using current and comparable data from similar organizations as reflected in Board approved minutes. #19 The governing documents of the Literaacy Council of Alaska are available to the public. The documents, including the bylaws, Board of Director's meeting minutes, conflict of interest policy and financial statements are retained in a binder onsite at the Literacy Council of Alaska. The binder is available to the public upon request Part XII #c A Finance Committee was established for this purpose.