EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For the | e 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and | ending J | UN 30, 2023 | | | | | | | | | | |
|--------------------------------|---------------------|--|---|------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | | | | | | | | | |
| | Addres | LITERACY LUBBOCK | | | | | | | | | | | | |
| | Name change | 40 | | | | | | | | | | | | |
| | Initial return | | Room/suite | E Telephone numbe | r | | | | | | | | | |
| | Final return/ | 1306 9TH STREET | 806-775- | | | | | | | | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 277,121. | | | | | | | | | |
| Ļ | Ameno | HODDOCK, IX /5401 | | H(a) Is this a group re | | | | | | | | | | |
| | Application pending | F Name and address of principal officer: O DIE DAOGITEIN | | for subordinates | | | | | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | | | | | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | | list. See instructions | | | | | | | | | |
| | Websit | | 1 | H(c) Group exemption | | | | | | | | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1990 N | A State of legal domicile: TX | | | | | | | | | |
| | | Summary Briefly describe the organization's mission or most significant activities: LITE | PACV T | TIBBOCK EXEC | TITES AND | | | | | | | | | |
| Se | 1 | STIPPORTS PROCRAMS THAT ENABLE PROPIET TO | RECOME | TITTERATE | OIES AND | | | | | | | | | |
| nar | | | SUPPORTS PROGRAMS THAT ENABLE PEOPLE TO BECOME LITERATE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | |
| Ver | 1 | | | | 9 | | | | | | | | | |
| õ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 9 | | | | | | | | | |
| တ္ခ | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 12 | | | | | | | | | |
| /itie | | Total number of volunteers (estimate if necessary) | | | 207 | | | | | | | | | |
| Activities & Governance | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | | | |
| ⋖ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | | | | | |
| Revenue | | | | Prior Year | Current Year | | | | | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 287,134. | 237,324. | | | | | | | | | |
| | | Program service revenue (Part VIII, line 2g) | | 0. | 12,763. | | | | | | | | | |
| ě | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,148. | 2,928. | | | | | | | | | |
| 1 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -4,957. | 6,069. | | | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 284,325. | 259,084. | | | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 195,917. | | | | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | 0. | 0. | | | | | | | | | |
| Ϋ́ | b b | Total fundraising expenses (Part IX, column (D), line 25) | | 00 004 | 70 001 | | | | | | | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 92,234. | 70,881. | | | | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 288,151. | 284,205. | | | | | | | | | |
| < | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -3,826. | -25,121. End of Year | | | | | | | | | |
| sts o | | Total acceta (Part V. line 16) | | 458,490. | 434,630. | | | | | | | | | |
| ASS(Ball | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | | 3,223. | 4,484. | | | | | | | | | |
| Net Assets or Fund Balances | 22 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 455,267. | 430,146. | | | | | | | | | |
| P | art II | Signature Block | | 13372371 | 13071100 | | | | | | | | | |
| _ | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of m | y knowledge and belief, it is | | | | | | | | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | , | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sig | ın | Signature of officer | | Date | | | | | | | | | | |
| He | | JULIE LAUGHLIN, EXECUTIVE DIRECTOR | | | | | | | | | | | | |
| | | Type or print name and title | | | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | I | | X PTIN | | | | | | | | | |
| Pai | | MATT R. WILLIS MATT R. WILLIS | 0 | 04/24/24 self-employ | ed P00419741 | | | | | | | | | |
| | parer | Firm's name BOLINGER, SEGARS, GILBERT AND MOS | SS LLF | Firm's EIN 7 | 5-0882037 | | | | | | | | | |
| Use | Only | Firm's address 8215 NASHVILLE AVENUE | | | 06\848.000 | | | | | | | | | |
| | | LUBBOCK, TX 79423 | | Phone no. (8 | 06)747-3806 | | | | | | | | | |
| Ma | v the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | | | | | | |

| Pai | Check if Schedule O contains a response or note to any line in this Part III |
|-----|---|
| 1 | Briefly describe the organization's mission: LITERACY LUBBOCK EXECUTES AND SUPPORTS PROGRAMS THAT ENABLE PEOPLE TO |
| | BECOME LITERATE. |
| | |
| 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? Yes X No |
| | 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. |
| 4a | (Code:) (Expenses \$ 257,756 • including grants of \$) (Revenue \$ 12,763 •) |
| | LITERACY LUBBOCK VOLUNTEERS AND STAFF HAVE PROVIDED OVER 4,000 HOURS OF INSTRUCTION TO GED, ESL, AND ADULT EDUCATION STUDENTS THIS FISCAL YEAR. |
| | FAMILY LITERACY - TINY TOTS |
| | FOR CHILDREN, BIRTH THROUGH 4 YEARS OLD. CHILDREN ARE READ A STORY |
| | EACH WEEK AND CAN TAKE HOME THE BOOK TO BEGIN THEIR HOME LIBRARY. THE WEEKLY STORYTIMES ARE CONDUCTED IN LOCAL LIBRARIES AND CHILDCARE |
| | CENTERS. EVENTS ARE HELD AT PARTNER NON-PROFIT AGENCIES TO DISTRIBUTE |
| | BOOKS TO CHILDREN. LITERACY LUBBOCK PRESENTS PROGRAMS ON THE IMPORTANCE |
| | OF READING TO YOUR CHILDREN AT AREA HEAD START PROGRAMS. |
| | GED |
| | LITERACY LUBBOCK PROVIDES INDIVIDUAL VOLUNTEER TUTORS, SMALL CLASSROOM INSTRUCTION, AND ONLINE INSTRUCTION TO ADULT LEARNERS WHO REQUEST OUR |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| 4c | (Code:) (Expenses \$ |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 257,756. |
| 4e | Total program service expenses 457,750. |

Form 990 (2022) LITERACY LUBBOCK Part IV 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 | | X |
| 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 | | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | l |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | l |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | | X |
| 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, | | 37 | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | ١ | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | l 🕶 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| Ť | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Λ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | х | |
| b | Schedule D, Parts XI and XII | 12a | 21 | |
| D | 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 | 40h | | Х |
| 10 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 14a h | Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1714 | | ^ |
| D | 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 | | х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | Х | |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | <u> </u> | Х |
| | | | 206 | |

Form 990 (2022) LITERACY LUBBOCK Part IV 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 | | X |
| 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | Х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f | 200 | | |
| Ū | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| OZ. | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - 33 | | |
| - | | 34 | | Х |
| 25.2 | | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | JJa | | |
| D | 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? | 335 | | |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 30 | | |
| J, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 37 | | |
| 30 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | 30 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook is defided to define a reaposite of flote to diff fill of the V | | Yes | No |
| 10 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 | | 103 | 140 |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| C | (gambling) winnings to prize winners? | 10 | | |
| | (garnoung) withings to prize withers: | 1c | | |

022) LITERACY LUBBOCK Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| 2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Iza 12 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If Versa, "has If filed a Form 980° Tor this year? If W6 To line 3b, provide an explanation on Schedule O 3b If Versa, "has If filed a Form 980° Tor this year? If W6 To line 3b, provide an explanation on Schedule O 3c If Versa, "has If filed a Form 980° Tor this year? If W6 To line 3b, provide an explanation on Schedule O 3c If Versa, "has If filed a Form 980° Tor this year? If W6 To line 3b, provide an explanation on Schedule O 3c If Versa, "has If filed a Form 980° Tor this year? If W6 To line 3b, provide an explanation on Schedule O 4c If Versa, "has If filed a Foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Evrolgin Bank and Financial accounts (FBAR). 5c If Versa to line 5a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Versa to line 5a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Versa to line 5a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Versa to line 5a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Versa to line 5a of 5b, did the organization file Form 888677 5c If Versa to line 5a of 5b, did the organization file Form 888677 5c If Versa to line 5a of 5b, did the organization file Form 888677 5c If Versa to line 5a of 5b, did the organization file Form 886677 6c If Versa to line form 1b to organization shelt was required to the organization shelt was required to line form 1b organization shelt wa | | | | Yes | No |
|--|------------|--|-----|-----|----|
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3c Did the organization have unreturated business gross income of \$1,000 or more during the year? 3c Did the organization have unreturated business gross income of \$1,000 or more during the year? 3c A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secretive account, or other financial accounts)? 3c A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secretive account, or other financial accounts)? 3c Vites, "enter the name of the foreign country (see has a bank account, secretive account, or other financial accounts)? 3c Vites, "enter the name of the foreign country (see a secretive account, or other financial accounts (FBAR). 3c Vites, "enter the name of the foreign country (see a secretive account, or other financial accounts (FBAR). 3c Vites, "enter the name of the foreign country (see a secretive account or other financial accounts (FBAR). 3c Vites, "enter the name of the foreign country (see a secretive accounts of the secretive account of the secretive accounts of the secretive | 2 a | 10 | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has if the dir per melos of the thing year? If "No" to line 3b, provide an explanation on Schedule O 5b If "Yes," are the dir per melos of the year of the year? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If "Yes" to line the name of the foreign country 5c Was the organization spartly to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5c a rob, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5c a rob, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5c a rob, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c If "Yes" of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of carbriable contributions? 6c If "Yes" of the organization state any receive deductible contributions under section 170(c). 8c If "Yes," indicate the number of Forms 82822 filed during the year 9c If If "Yes," indicate the number of Forms 82822 filed during the year 9c If If "Yes," indicate the number of Forms 82822 filed during the year 9c If the organization receive a promitibution of qualified intellectual property, of the organization file Form 10847? 9c If the organization received a contribution of organization file received for more than 1084 filed the organization file a Form 1085 or the sponsoring organization make a distribution to a donor, other verticies, d | | | | v | |
| b If Yes, 'Insa' tilled a Form 990.7 for this year? If 'No' to life 30, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction, or other financial Accounts (FBAR). 5b If Yes, 'enter the name of the foreign country 5a Was the organization a party to a prohibited fax shelter transaction. 5b If Yes' to line 5a or 5b, did the organization file Form 8886 17. 6c If 'Yes' to line 5a or 5b, did the organization file Form 8886 17. 6d Does the organization be unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 'Yes' to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization shall may receive deductible contributions under section 170(c). 6c If the organization receive a payment in excess of \$75 made party is a combinion and party for goods and services provided? 6c If Yes, 'did the organization notify the denor of the value of the goods or services provided?' 6c Did the organization selve apyment in excess of \$75 made party is a combinion and party for goods and services provided? 6c Did the organization selve apyment in excess of \$75 made party is a combinion and party for goods and services provided? 6d If Yes, 'did the organization notify the denor of the value of the goods or services provided?' 7d If Yes, 'did the organization selve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e If Old the organization selve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f If If If Yes, 'did the organization needed any fund by a combinion of qua | _ | | | X | v |
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| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17 | | | 15 | | |
| If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 N/A 19 17 | 16 | | 16 | | x |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 10 | | 10 | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17 | 17 | | | | |
| | ., | | 17 | | |
| | | If "Yes," complete Form 6069. | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|-----|---|----------|---------|------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year |) | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 9 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | |
| 5 | 3 , 3 | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| а | The governing body? | 8a | X | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | | | Yes | No | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | | | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | v | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | _ | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40 | Х | | | | | |
| 40 | on Schedule O how this was done | 12c | Λ | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | | Х | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | |
| D | Other officers or key employees of the organization | 15b | | | | | | |
| 160 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | |
| IUa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | | х | | | | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 10a | | | | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | | 16b | | | | | | |
| Sec | exempt status with respect to such arrangements?tion C. Disclosure | 100 | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))(3 |)s only |) avail | able | | | | |
| .0 | for public inspection. Indicate how you made these available. Check all that apply. | ,5 5/119 | , avail | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | nd finai | ncial | | | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | |
| | JULIE LAUGHLIN - 806-775-3636 | | | | | | | |
| | 1306 9TH STREET LIBBOCK TY 79401 | | | | | | | |

75-2293940 Page **7**

Form 990 (2022)

LITERACY LUBBOCK

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | (do | (C) Position (do not check more than one box, unless person is both an | | | | one | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--|--|------------------|--|-------------|--------------|------------------------------|--------|---|---|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer p p | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) JULIE LAUGHLIN EXECUTIVE DIRECTOR | 40.00 | $\frac{1}{2}$ | | х | | | | 67,161. | 0. | 7,558. |
| (2) JUSTIN RIVAS | 1.00 | \vdash | | 25 | | | | 07,101. | • | 7,3300 |
| CHAIR | | Х | | х | | | | 0. | 0. | 0. |
| (3) JOSH SALMANS | 1.00 | | | | | | | | | |
| VICE-CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (4) TENA GONZALES (07/22-03/23) | 1.00 | | | | | | | | | |
| TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) NATALIE HARRIS | 1.00 | ļ ,, | | 3,7 | | | | | 0 | _ |
| SECRETARY | 1.00 | Х | | Х | _ | | | 0. | 0. | 0. |
| (6) TERRY HANDLEY (07/22-09/22) PAST CHAIR | 1.00 | X | | х | | | | 0. | 0. | 0. |
| (7) STACY MACKENZIE (07/22-09/22) | 1.00 | 122 | | 22 | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (8) JERRY STODDARD | 1.00 | ┢▔ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) REESE WHITE (07/22-03/23) | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) LORI BEAN (1/23 - 6/23) | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) SHERI LEWIS (1/23 - 6/23) | 1.00 | | | | | | | | 0 | |
| DIRECTOR | 1.00 | Х | | | <u> </u> | | | 0. | 0. | 0. |
| (12) LISA THOMASON (1/23 - 6/23) DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JOHN LOWE | 1.00 | ^ | \vdash | | \vdash | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) HANNAH STEWART (3/23 - 6/23) | 1.00 | | | | \vdash | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | \vdash | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | <u> </u> | | |

232007 12-13-22 Form **990** (2022)

| Form 990 (2022) LITERACY | LUBBOC1 | K | | | | | | | 75-22 | 293 | 940 | Pa | age 8 |
|--|---|--------------------------------|---|---------------|---------------|------------------------------|--------|--|--|-------|--|---------------------------|---------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
| (A) (B) Name and title Average hours per week (list any | | | Average nours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | Estimated amount of other compensation | | of |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC/ 1099-NEC) | (W-2/1099-MIS 1099-NEC) | | fro orga | m the nizati relate | e on ed |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | Ш | | Ш | | <u> </u> | | 67,161. | | 0. | 7 | ,5! | 58. |
| c Total from continuation sheets to Part d Total (add lines 1b and 1c) | | | | | | | | 0. 67,161. | | 0. | 7 | ,5! | 0. 58. |
| Total number of individuals (including but compensation from the organization | | | | | | | | eceived more than \$100 | 0,000 of reportable | e | 1, | Yes | 0 No |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | | | | | | | [| 3 | res | X |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$1 | sum of reportab 50,000? <i>If</i> "Yes, | le co ," <i>coi</i> | mple | ensa ete S | ation Sche | anc adule | d otl | her compensation from for such individual | the organization | | 4 | | Х |
| 5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co Section B. Independent Contractors | | | | | - | | | ted organization or indiv | | | 5 | | Х |
| Complete this table for your five highest of the organization. Report compensation for | | | | | | | | | | pensa | ation fro | om | |
| (A) Name and busines | ss address | NC | ONI | Ξ | | | | (B) Description of s | ervices | C | (C) ompen | | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | | not lir | nite | d to | | se lis | stec | d above) who received n | nore than | | | | |
| + | | | | | | | | | | | Form 9 | 90 (2 | 2022) |

75-2293940

Form 990 (2022) LITERAC Part VIII Statement of Revenue

| | | Chook if Sobodulo O | containe a reconence | or note to any lin | o in this Dort VIII | | | |
|---|------|-----------------------------------|---------------------------------------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | Check if Schedule O | contains a response | or note to any lin | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded |
| | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| s sol | | | | 110 224 | | | | 360110113 3 12 - 3 14 |
| | | Federated campaigns | | 118,234. | | | | |
| 윤 일 | ı | | 1b | 16 405 | | | | |
| £g. ₹ | (| Fundraising events | | 16,485. | | | | |
| <u>اةِ جَ</u> | (| | 1d | | | | | |
| ns, | • | Government grants (contr | | | | | | |
| 흕닯 | 1 | All other contributions, gifts, | | | | | | |
| 호취 | | similar amounts not included | above 1f | 102,605. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | (| Noncash contributions included in | lines 1a-1f 1g \$ | | | | | |
| <u>ā</u> Ö | | Total. Add lines 1a-1f | | | 237,324. | | | |
| | | | | Business Code | | | | |
| 8 | 2 8 | SYMPOSIUM | | 611600 | 12,763. | 12,763. | | |
| e Š | ı |) | | | | | | |
| Program Service Revenue | (| | | | | | | |
| eve | (| J | | | | | | |
| Pg | | • | | | | | | |
| ᇫ | 1 | All other program service | revenue | | | | | |
| | (| Total. Add lines 2a-2f | | | 12,763. | | | |
| | 3 | Investment income (includ | | | | | | |
| | | | | | 2,928. | | | 2,928. |
| | 4 | Income from investment of | | | | | | |
| | 5 | Royalties | | | | | | |
| | | , | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | |
| | - : | Less: rental expenses | 6b | | | | | |
| | | Rental income or (loss) | 6c | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | , , | assets other than inventory | 7a | (.,, 55. | | | | |
| | | Less: cost or other basis | 74 | | | | | |
| <u>e</u> | ' | and sales expenses | 7b | | | | | |
| enr | | | 7c | | | | | |
| Revenue | | Gain or (loss) | | | | | | |
| 유 교 | | Net gain or (loss) | | | | | | |
| Other | 8 6 | Gross income from fundraisir | | | | | | |
| ١ | | | 5,485 of | | | | | |
| | | contributions reported on | , , , , , , , , , , , , , , , , , , , | 22,425. | | | | |
| | | Part IV, line 18 | | 1 4 9 9 9 9 | | | | |
| | | | 8b | 10,037. | 4,388. | | | 4,388. |
| | | Net income or (loss) from | | | 4,300. | | | ±,300. |
| | 9 8 | Gross income from gamin | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | |) | | | | |
| | | Net income or (loss) from | | | | | | |
| | 10 a | Gross sales of inventory, I | | | | | | |
| | | and allowances | | + | | | | |
| | | Less: cost of goods sold | | · | | | | |
| \dashv | (| Net income or (loss) from | sales of inventory . | | | | | |
| sn | | OMITED THEOLET | | Business Code | 1 (01 | | | 1 (01 |
| ne o | 11 a | | | 900099 | 1,681. | | | 1,681. |
| lan | I | | | | | | | |
| Miscellaneous Revenue | (| | | | | | | |
| Σ | (| d All other revenue | | | 1 601 | | | |
| | | Total. Add lines 11a-11d | | | 1,681. | 10 566 | | 0.00- |
| | 12 | Total revenue. See instruction | ins | | 259.084. | 12.763. | 0. | 8.997. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| - | Check if Schedule O contains a respon | | | · · · · · · · · · · · · · · · · · · · | |
|----------|---|----------------|--------------------------|---------------------------------------|----------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | 200,000 | g | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 74,719. | 69,877. | 2,660. | 2,182. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 400 000 | 06 654 | 2 500 | 2 010 |
| 7 | Other salaries and wages | 103,369. | 96,671. | 3,680. | 3,018. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 15 240 | 12 010 | 0 600 | 4 825 |
| 9 | Other employee benefits | 17,349. | 13,012. | 2,602. | 1,735. |
| 10 | Payroll taxes | 17,887. | 16,727. | 637. | 523. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 10 400 | 7 0 6 7 | 1 574 | 1 040 |
| | Accounting | 10,490. | 7,867. | 1,574. | 1,049. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 12,293. | 9,220. | 1,844. | 1,229. |
| 13 14 | Office expenses | 109. | 82. | 16. | 11. |
| 15 | Information technology | 103. | 02. | | |
| 16 | Royalties | | | | |
| 17 | Occupancy Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| .0 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,690. | 1,352. | 338. | |
| 23 | Insurance | 2,498. | 1,873. | 375. | 250. |
| 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 | CATERING & FOOD SUPPLIE | 30,735. | 30,708. | 16. | 11. |
| b | STAFF DEVELOPMENT | 6,691. | 5,018. | 1,004. | 669. |
| С | SUPPLIES | 3,920. | 3,920. | | |
| d | DUES & FEES | 1,124. | 843. | 169. | 112. |
| е | All other expenses | 1,331. | 586. | 667. | 78. |
| 25 | Total functional expenses. Add lines 1 through 24e | 284,205. | 257,756. | 15,582. | 10,867. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | F 000 (0000) |

Form 990 (2022)
Part X Balance Sheet

| Ра | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|--------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 183,115. | 1 | 210,216. | | |
| | 2 | Savings and temporary cash investments | | | 119,322. | 2 | 178,213. |
| | 3 | Pledges and grants receivable, net | 43,800. | 3 | 43,217. | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | | 5 | | | |
| | 6 | Loans and other receivables from other disqu | ualified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | bed in sec | ction 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| V | 9 | Prepaid expenses and deferred charges | | | 6,854. | 9 | 2,539. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 12,298. | | | |
| | b | Less: accumulated depreciation | 10b | 11,853. | 2,135. | 10c | 445. |
| | 11 | Investments - publicly traded securities | | | 103,264. | 11 | 0. |
| | 12 | Investments - other securities. See Part IV, lir | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line 3 | 33) | 458,490. | 16 | 434,630. |
| | 17 | Accounts payable and accrued expenses | | | 3,223. | 17 | 4,484. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or f | | | | | |
| Ħ | | trustee, key employee, creator or founder, su | | | | | |
| Liabilities | | controlled entity or family member of any of t | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | nes 17-24 |). Complete Part X | | | |
| | | of Schedule D | | ····· | 3,223. | 25 | 1 101 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,443. | 26 | 4,484. |
| S | | Organizations that follow FASB ASC 958, o | check her | e X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 266 046 | | 255 024 |
| ala | 27 | Net assets without donor restrictions | | | 366,046. 89,221. | 27 | 355,024. 75,122. |
| P P | 28 | Net assets with donor restrictions | | | 09,221. | 28 | 75,144. |
| ם | | Organizations that do not follow FASB AS6 | C 958, ch | eck here | | | |
| ٥ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| \SS(| 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| et A | 31 | Retained earnings, endowment, accumulated | | | 455,267. | 31 | 120 116 |
| ž | 32 | Total net assets or fund balances | | | 458,490. | 32 | 430,146. 434,630. |
| | 33 | Total liabilities and net assets/fund balances | | | 450,450. | 33 | 434,030. |

Form **990** (2022)

| Form | 1 990 (2022) LITERACY LUBBOCK | 75- | -2293940 | Pa | ge 12 | | |
|------|--|---------|----------|-----|--------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 259 | 9,0 | 84. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 05. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2 | 5,1 | 21. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 45! | 5,2 | 67. | | |
| 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 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | 46. | | |
| | column (B)) 10 | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | e O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis | 5, | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scl | nedule | O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | 37 | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

| | Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. | | | | | | | |
|-----|---|---|---------------------------------------|--|--------------------|-----------------------------------|-------------------------------|----------------------------|
| Pa | art I | Reason for Public | Charity Status. | (All organizations must o | omplete tl | his part.) S | See instructions. | |
| The | organ | nization is not a private found | dation because it is: (| (For lines 1 through 12, o | heck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | |
| 3 | | A hospital or a cooperative | | | | γь\/1\/Δ\/i | ii) | |
| 4 | \equiv | A medical research organiz | | | | | - | the beenitel's name |
| 4 | | • | ation operated in co | injunction with a nospita | described | J III SECTIO | iii 170(b)(1)(A)(iii). Linter | trie nospitars name, |
| _ | | city, and state: | | | | | | |
| 5 | | An organization operated for | | ollege or university owner | d or opera | ted by a g | overnmental unit describ | oed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | Ш | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Par | HI.) | | | |
| 9 | \Box | An agricultural research org | | | | ad in coni | inction with a land-grant | college |
| 9 | | | | | | | | |
| | | or university or a non-land-o | grant college of agric | culture (see instructions). | Enter the | name, cit | y, and state of the collec | je or |
| | | university: | | | | | | |
| 10 | | An organization that norma | | | | | | |
| | | activities related to its exen | npt functions, subjec | ct to certain exceptions; | and (2) no | more that | n 33 1/3% of its support | from gross investment |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fr | om busine | sses acqu | ired by the organization | after June 30, 1975. |
| | | See section 509(a)(2). (Co | mplete Part III.) | | | | | |
| 11 | | An organization organized | and operated exclus | sively to test for public sa | fety. See | section 50 | 09(a)(4). | |
| 12 | | An organization organized | | | | | | e purposes of one or |
| | | more publicly supported or | • | • | - | | | |
| | | lines 12a through 12d that | - | | | | | SHOOK THO BOX OH |
| | | ¬ | * * | | | - | | t. d |
| а | ı | | · · · · · · · · · · · · · · · · · · · | | • | • | | |
| | | the supported organization | on(s) the power to re | egularly appoint or elect | a majority | of the dire | ctors or trustees of the s | supporting |
| | _ | organization. You must o | complete Part IV, Se | ections A and B. | | | | |
| b | , | ☐ Type II. A supporting org | anization supervised | d or controlled in connec | tion with it | ts support | ed organization(s), by ha | aving |
| | | control or management of | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | oported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | |
| c | . [| Type III functionally inte | | | in connec | tion with | and functionally integrat | ed with. |
| | | its supported organizatio | - | | | | | , |
| c | | Type III non-functionally | | | | | | ization(s) |
| | ' _ | | | | | | • • • • • • | |
| | | that is not functionally int | - | | • | | • | liveness |
| | | requirement (see instruct | · | - | | | | |
| e | • L | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | a Type I, Type II, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi: | zation. | | |
| f | Ente | er the number of supported o | organizations | | | | | |
| ç | Pro | vide the following information | n about the supporte | ed organization(s). | | | | |
| | (| (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed ing document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | above (see instructions)) | | | | |
| | | | | | | | | |
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| Tot | al | | | | | | | |
| | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------------|--|----------|-----------------|-------------|----------|--------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | _ |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 238,193. | 226,743. | 284,922. | 287,134. | 237,324. | 1274316. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 8,610. | 8,610. | | | | |
| 4 | Total. Add lines 1 through 3 | 246,803. | 235,353. | 298,532. | 295,744. | 245,934. | 1322366. |
| 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) | | | | | | 251,381. |
| | Public support. Subtract line 5 from line 4. | | | | | | 1070985. |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 246,803. | 235,353. | 298,532. | 295,744. | 245,934. | 1322366. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 2 4 2 4 | 2 550 | 0 0 5 0 | 0 1 1 0 | 0 000 | 10 500 |
| | and income from similar sources | 3,104. | 3,550. | 2,050. | 2,148. | 2,928. | 13,780. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 1 105 | 2 2 2 2 | 1 220 | 1 055 | 1 601 | 7 407 |
| | assets (Explain in Part VI.) | 1,195. | 2,328. | 1,228. | 1,055. | 1,681. | 7,487. |
| | Total support. Add lines 7 through 10 | | , | | | | 37,708. |
| | Gross receipts from related activities, | • | , | | | 12 | 37,700. |
| 13 | First 5 years. If the Form 990 is for th | - | | | | | |
| S0/ | organization, check this box and stop | | | | | | <u></u> |
| | Public support percentage for 2022 (I | | | acluma (fl) | | 14 | 79.71 % |
| | Public support percentage from 2021 | | | | | 15 | 79.71 % |
| | 33 1/3% support test - 2022. If the contract of the contract o | | | | | | , - |
| IUa | stop here. The organization qualifies | - | | | | | |
| h | 33 1/3% support test - 2021. If the o | | | | | | |
| D | and stop here. The organization qual | | | | | | |
| 170 | 10% -facts-and-circumstances test | | | | | | |
| . <i>r</i> a | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | | | viriow the organiz | |
| h | 10% -facts-and-circumstances tes | • | | | | | |
| | more, and if the organization meets the | | | | | | 1070 01 |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|------|---|----------------------|---|----------------------|-------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| 16 | , , | | | | | | |
| | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | <u> </u> | | |
| | 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> |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat | tion, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2022 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | • | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2021. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | ate rearrantem in the organization | ala not onoth a | ~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ | -, J J. , OI IOOK L | 201 4114 555 111 | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - **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.)

| | Yes | No |
|------|-----|----|
| | | |
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| 10a | | |
| | | |
| 10b | | |

| Par | t IV | Supporting Organizations (continued) | | | |
|----------|----------|--|----------|-----|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described on line 11a above? | 11b | | |
| | | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sect | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | _ | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did th | e organization operate for the benefit of any supported organization other than the supported | | | |
| | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | - | II how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sect | tion (| 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 trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mai | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization'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 | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | , | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | | |
| 2 | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| h | | nese activities constituted substantially all of its activities. | 2a | | |
| b | | e activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in If the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | | Oh | | |
| 2 | | activities but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| b | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| Ŋ | | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | J. 120 C | | | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Orga | nizations | | |
|------|--|--------------|------------------------------|--------------------------------|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | |
| | All other Type III non-functionally integrated supporting organizations mus | st complet | e Sections A through E. | | |
| Sect | ion 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 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | 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 0.015 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 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 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 | ally integra | ted Type III supporting orga | anization (see | |

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instructions).

| | t V Type III Non-Functionally Integrated 509 | | anizatione / | | 3 2233340 Fage 7 |
|----------|--|--------------------------------|-------------------------------|------------|----------------------------------|
| | | hands supporting organization | amzations (continu | <u>ea)</u> | Current Year |
| | ion D - Distributions Amounts paid to supported organizations to accomplish exe | ampt purposes | | 1 | Current Year |
| _12 | Amounts paid to supported organizations to accomplish exem | | | | |
| 2 | organizations, in excess of income from activity | pt purposes or supported | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ne | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 15 | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | ovido dotano mi i di t vij | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | е | | |
| | (provide details in Part VI). See instructions. | 9- | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | • | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2022 | s | Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |

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c Excess from 2020d Excess from 2021e Excess from 2022

| 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.) |
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LITERACY LUBBOCK 75-2293940

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|--|------------------------|-------------------------|
| CH FOUNDATION INC | 192,000. | 165,127. |
| HELEN JONES FOUNDATION INC | 94,000. | 67,127. |
| OOLLAR GENERAL LITERACY FOUNDATION | 46,000. | 19,127. |
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| | | |
| otal Excess Contributions to Schedule A, Part II, Line 5 | | 251,381. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

LITERACY LUBBOCK 75-2293940 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

LITERACY LUBBOCK

75-2293940

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|-------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | LUBBOCK AREA UNITED WAY, INC. 1655 MAIN STREET, STE 101 LUBBOCK, TX 79401 | \$133,571. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | CH FOUNDATION INC. 6102 82ND STREET, #8A LUBBOCK, TX 79424 | \$\$ | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | DOLLAR GENERAL LITERACY FOUNDATION PO BOX 1064 GOODLETTSVILLE, TN 37070-1064 | \$8,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | HELEN JONES FOUNDATION, INC. PO BOX 53665 LUBBOCK, TX 79453-3665 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | BETENBOUGH HOMES 6305 82ND ST LUBBOCK, TX 79424 | \$ | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | HDS FOUNDATION 7822 ORLANDO AVE LUBBOCK, TX 79423 | \$5,000. | Person X Payroll | | |

Name of organization Employer identification number

LITERACY LUBBOCK

75-2293940

| Part I | rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|-------------------------|--|--|--|
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| 7 | H-E-B 4405 114TH STREET LUBBOCK, TX 79424 | \$7,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | * | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization Employer identification number

LITERACY LUBBOCK

75-2293940

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |

Name of organization

Employer identification number

LITERACY LUBBOCK

75-2293940

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year

| / one contributor. Complete columns (a) g Part III, enter the total of exclusively religious, c | through (e) and the following line enti- haritable, etc., contributions of \$1,000 or I | try. For organizations less for the year. (Enter this info. once.) \$ | | | | |
|--|--|--|--|--|--|--|
| olicate copies of Part III if additional s | (c) Use of gift | (d) Description of how gift is held | | | | |
| | (e) Transfer of gift | | | | | |
| Transferee's name, address, a | | Relationship of transferor to transferee | | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | (e) Transfer of gift | | | | | |
| Transferee's name, address, a | | Relationship of transferor to transferee | | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| Transferracia noma addusaca a | (e) Transfer of gift | | | | | |
| Transferee's name, address, a | III ZIF + 4 | Relationship of transferor to transferee | | | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| Transferee's name, address, a | (e) Transfer of gift | ft Relationship of transferor to transferee | | | | |
| Transf | eree's name, address, a | (e) Transfer of gif eree's name, address, and ZIP + 4 | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts.Complete if the |
|-----|---|---|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Pai | | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after July 25,2006, and not on a | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by th | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cor | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easements during the year |
| _ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | · · | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | · | |
| | balance sheet, and include, if applicable, the text of the footi | note to the organization's financial staten | nents that describes the |
| Do | organization's accounting for conservation easements. | f Art Historical Tracquires or C | Other Similar Assets |
| Pai | Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form | | Other Sillilar Assets. |
| | | | and balance about ways |
| ıa | If the organization elected, as permitted under FASB ASC 95 | | |
| | of art, historical treasures, or other similar assets held for pul | | - |
| h | service, provide in Part XIII the text of the footnote to its fina | | |
| D | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | s exhibition, education, or research in fur | merance of public service, |
| | provide the following amounts relating to these items: | | Φ. |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | ai gairi, provide |
| _ | the following amounts required to be reported under FASB A | | φ |
| a | Revenue included on Form 990, Part VIII, line 1 | | |

| Par | rt III Organizations Maintaining Col | llections of Art, | Historical Tr | easures, d | or Other | Similar As | sets(continu | ied) | | |
|-----|---|------------------------|----------------------|----------------|----------------|-----------------|------------------------|-----------|--|--|
| 3 | Using the organization's acquisition, accession | , and other records, | check any of the | following tha | t make sigr | nificant use of | its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d [| Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | e [| Other | | | | | | | |
| С | c Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explain h | ow they further t | he organizati | on's exemp | t purpose in F | ² art XIII. | | | |
| 5 | During the year, did the organization solicit or re | | | | | | | | | |
| | to be sold to raise funds rather than to be main | | | | | | Yes | ☐ No | | |
| Par | rt IV Escrow and Custodial Arrange | ements. Complete | if the organization | n answered | "Yes" on Fo | rm 990, Part | IV, line 9, or | | | |
| | reported an amount on Form 990, Part X | (, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermediar | y for contribution | ns or other as | sets not inc | cluded | | | | |
| | on Form 990, Part X? | | | | | | Yes | ☐ No | | |
| b | If "Yes," explain the arrangement in Part XIII and | | | | | | | | | |
| | | | | | | | Amount | | | |
| С | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Form | | | | | ? | Yes | ☐ No | | |
| b | If "Yes," explain the arrangement in Part XIII. Cl | neck here if the expla | anation has been | provided on | Part XIII | | | | | |
| Par | rt V Endowment Funds. Complete if the | ne organization answ | ered "Yes" on Fo | orm 990, Parl | t IV, line 10. | | | | | |
| | (| a) Current year | (b) Prior year | (c) Two year | rs back (d) | Three years ba | ck (e) Four y | ears back | | |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curren | nt year end balance (I | line 1g, column (a | a)) held as: | • | | | | | |
| а | Board designated or quasi-endowment | 9/ | 6 | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the possess | | on that are held a | ınd administe | ered for the | | | | | |
| | organization by: | | | | | | \[\bar{\cappa}\] | Yes No | | |
| | (i) Unrelated organizations | | | | | | 3a(i) | | | |
| | (ii) Related organizations | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the or | | | | | | | | | |
| Par | rt VI Land, Buildings, and Equipme | | | | | | | | | |
| | Complete if the organization answered " | Yes" on Form 990, F | Part IV, line 11a. S | See Form 990 |), Part X, lin | e 10. | | | | |
| | Description of property | (a) Cost or othe | er (b) Cost | or other | (c) Accu | ımulated | (d) Book | value | | |
| | | basis (investmer | nt) basis | (other) | depre | ciation | . , | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | 1 | 2,298. | 1 | 1,853. | | 445. | | |
| | Other | | | | | | | | | |
| | L Add lines 1a through 1e (Column (d) must equ | _ | column (R) line 1 | 100) | | | | 445. | | |

| Schedule D (Form 990) 2022 LITERACY LU | ввоск | 75 | -2293940 Page 3 |
|--|----------------------------|--------------------------------------|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) l | Description | | (b) Book value |
| (1) | | | |

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

4c

284,205.

| Sche | edule D (Form 990) 2022 LITERACY LUBBOCK | | | | 2293940 Page |
|------|---|------------|----------------|--------|--------------|
| Pai | rt XI Reconciliation of Revenue per Audited Financial Stater | ments With | Revenue per F | Returi | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 285,732 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 8,610. | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | 18,038. | | |
| е | Add lines 2a through 2d | | | 2e | 26,648 |
| 3 | Subtract line 2e from line 1 | | | 3 | 259,084 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | | | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 259,084 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With | n Expenses per | Retu | ırn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 310,853 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 8,610. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 18,038. | | |
| е | Add lines 2a through 2d | | | 2e | 26,648 |
| 3 | Subtract line 2e from line 1 | | | 3 | 284,205 |
| 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 | | | |

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE ORGANIZATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE ORGANIZATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITIES. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2019. THERE WERE NO PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR ENDED JUNE 30, 2023.

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Schedule G (Form 990) 2022

| LITERAC | Y LUBBOCK | | | | 75-2293 | 940 |
|---|--|---|---|---|--|---|
| Part I Fundraising Activities required to complete this par | • Complete if the organization answert. | ered "Y | es" or | n Form 990, Part IV, | line 17. Form 990-EZ | I filers are not |
| Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the | e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu | tion of tion of fundra (inclue | non-g gover lising o ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees, or Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or cor contrib | Did aiser ustody trol of utions? | (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 | | | |
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| otal | | | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit | contrib | utions | s or has been notified | d it is exempt from re | egistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

75-2293940 Page 2 Schedule G (Form 990) 2022 LITERACY LUBBOCK Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events LUBBOCK BOOK NONE (add col. (a) through FESTIVAL col. (c)) (event type) (event type) (total number) Revenue 38,910. 38,910. 1 Gross receipts 16,485 16,485. 2 Less: Contributions 22,425 22,425. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 10,980. 10,980. 6 Rent/facility costs 1,906. 1,906. 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,151. 5,151. 18,037. 10 Direct expense summary. Add lines 4 through 9 in column (d) 4,388. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain: ____

| Sch | edule G (Form 990) 2022 | LITERACY | LUBBOCK 75- | -2293 | 940 | Page 3 |
|-----|--|----------------------|--|--------------|--------|-------------|
| | | ming activities with | nonmembers? | 🔲 | Yes | No |
| 12 | | | a trust, or a member of a partnership or other entity formed | | | |
| | | | | Ш | Yes | ∟ No |
| | Indicate the percentage of gaming | | ı in: | 13a | ı | % |
| | | | | | | |
| | | | ares the organization's gaming/special events books and records: | | | |
| | Name | | | | | |
| | Address | | | | | |
| 15 | Does the organization have a cont | ract with a third pa | rty from whom the organization receives gaming revenue? | | Yes | ☐ No |
| ı | If "Yes," enter the amount of gamin | | | | | |
| | of gaming revenue retained by the | | | | | |
| • | 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: | | | | | |
| á | Is the organization required under | state law to make o | charitable distributions from the gaming proceeds to | | | |
| | | | | | Yes | └── No |
| ı | | • | e law to be distributed to other exempt organizations or spent in the | • | | |
| Pa | organization's own exempt activitient IV Supplemental Inform | | ear \$ he explanations required by Part I, line 2b, columns (iii) and (v); and | Part III. li | nes 9. | 9b. 10b. |
| | | | ovide any additional information. See instructions. | | , | , |
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| Schedule G | i (Form 990) | LITERACY | LUBBOCK | | 75-229394 | 0 Page 4 |
|------------|--|-------------------|---------|--|-----------|----------|
| Part IV | (Form 990) Supplemental Info | rmation (continue | d) | | | |
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

| Part I | Excess Bene | fit Trans | sacti | ons (section 50 |)1(c)(3 | 3), sect | ion 501(c)(4), and s | ectio | on 501(c)(29) orga | anizati | ons or | nly). | | | |
|-----------|---------------------------|----------------------------|-------------------------|-------------------------------------|----------|-----------------|--------------------------------|--------------|---------------------|-------------|----------|---------------------------|-----------------|-----------------|--------|
| | Complete if the o | rganizatior | n ansv | vered "Yes" on I | Form 9 | 990, Pa | art IV, line 25a or 25 | 5b, oı | r Form 990-EZ, P | art V, I | ine 40 | b. | | | |
| 1 , , | · | | | Relationship betv | | | lified | | | | | | (d) | Correc | cted? |
| (a) Nan | ne of disqualified p | erson | person and organization | | | (| (c) Description of transaction | | | | | Ye | s | No | |
| | | | | | | | | | | | | | | | |
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| 2 Enter t | the amount of tax is | ncurred by | the o | rganization man | aners | or disc | qualified persons di | urina | the year under | | | | | | |
| | | • | | • | • | | | • | • | | \$ | | | | |
| | | | | | | | ganization | | | | | | | | |
| 3 Enter t | ine amount or tax, | ii ariy, ori ii | 116 2, 6 | above, reimburs | eu by | tile or | gariizatiori | | | | Ф | | | | |
| Part II | Loans to and | l/or Fron | n Int | erested Per | sons | : | | | | | | | | | |
| I alt II | | | | | | | D-+1/ E 00 | | 000 D+ IV II | - 00- | : 6 41- | | | | |
| | | | | | | | , Part V, line 38a or | Forr | n 990, Part IV, IIn | ie 26; | or IT th | e orga | nizatio | on | |
| | reported an amo | | | | o, or 2 | 2. oan to or | (1)0::: | 1 | | | | (h) Åpj | roved | (*) \A/ | ritton |
| |) Name of ested person | (b) Relatio with organi | | (c) Purpose of loan | fron | n the | (e) Original principal amount | | f) Balance due | (g) defa | | by boa | ard or I | d or (') ('') | |
| intere | cated person | With Organi | Zution | or loan | <u> </u> | ization? | principal arrioditi | | | | | cómm | - | | _ |
| | | | | | То | From | | + | | Yes | No | Yes | No | Yes | No |
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| Total | | | | | | | \$ | _ | | | | | | | |
| Part III | Grants or As | sistance | Ber | nefiting Inter | este | d Pe | | <u> </u> | | | | | | | |
| | Complete if the c | | | _ | | | | | | | | | | | |
| (a) N | ame of interested p | | | | | | (c) Amount of | | (d) Type | of | \neg | (0) | Durn | oso of | |
| (a) No | ame or interested p | Derson | ' | (b) Relationship interested pers | | | assistance | | assistan | | | (e) Purpose of assistance | | | |
| | | | | the organiza | | iu | 400.014.100 | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

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|--|--|--------------------|---------------------------|--------------------------------|------------------|-------------------------------|
| Complete if the organization answered | | | 8b, or 28c. | 1 | I (a) Ch | |
| (a) Name of interested person | | | (c) Amount of transaction | (d) Description of transaction | organiz rever | aring of zation's nues? |
| ELIZABETH LAUGHLIN | ELIZABETH | LAUGHLIN | 57.255. | WAGES PAID | Yes | No X |
| | | LIIOOIILII | 37,233. | WINGES ITHE | | 125 |
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| | Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 2 (a) Name of interested person (b) Relationship between interested person and the organization ABETH LAUGHLIN ELIZABETH LAUGHLIN Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructly Part IV, BUSINESS TRANSACTIONS INVOLVING INVAME OF PERSON: ELIZABETH LAUGHLIN RELATIONSHIP BETWEEN INTERESTED PERSON AND OF ABETH LAUGHLIN IS RELATED TO JULIE LAUGHLIN, DESCRIPTION OF TRANSACTION: WAGES PAID TO ELIZABETH DESCRIPTION OF TRANSACTION OF TR | | | 1 | | |
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| | onses to questions o | on Schedule L (see | instructions). | | | |
| SCH L, PART IV, BUSINESS T | RANSACTION | S INVOLVI | NG INTEREST | ED PERSONS: | | |
| (A) NAME OF PERSON: ELIZAE | BETH LAUGHI | JIN | | | | |
| (B) RELATIONSHIP BETWEEN I | NTERESTED | PERSON AN | D ORGANIZAT | ION: | | |
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| Part V Supplemental Information. Provide additional information for responses to questions on S SCH L, PART IV, BUSINESS TRANSACTIONS (A) NAME OF PERSON: ELIZABETH LAUGHLIN (B) RELATIONSHIP BETWEEN INTERESTED PERIORS TRANSACTIONS PERIORS INTERESTED PERIORS | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HELP IN OBTAINING THEIR GED. BY CAREFULLY MATCHING TRAINED LITERACY VOLUNTEERS WITH ADULT LEARNERS IN BOTH TUTOR AND STUDENT-PAIRED SETTINGS AND CLASSROOM SETTINGS, LITERACY LUBBOCK CAN PROVIDE PERSONALIZED STUDY THROUGH HIGH-IMPACT INDIVIDUALIZED LESSONS, BOOKS, AND TRAINING. GED STUDENTS CAN OBTAIN JOBS AND SEEK HIGH EDUCATION. RESEARCH CONDUCTED BY BROWN UNIVERSITY CONCLUDED THAT HIGH SCHOOL DROPOUTS CAN INCREASE THEIR EARNING POTENTIAL FROM 5-25% BY EARNING A GED. ENGLISH AS A SECOND LANGUAGE LITERACY LUBBOCK PROVIDES INDIVIDUAL VOLUNTEER TUTORS, ONLINE AND IN-PERSON OR SMALL CLASSROOM INSTRUCTION TO ADULT LEARNERS WHO REQUEST OUR HELP TO ENABLE THEM TO IMPROVE THEIR ENGLISH SKILLS SO THEY CAN ENTER THE WORKFORCE, ATTAIN CONSUMER SKILLS, INCREASE INVOLVEMENT IN CHILDREN'S EDUCATIONAL ACTIVITIES, INCREASE PRONUNCIATION, ORAL COMPREHENSIONS AND FLUENCY, AND OBTAIN CITIZENSHIP. ESL STUDENTS CAN SPEAK ENGLISH AND RELATE THEIR KNOWLEDGE TO OTHERS IN THE COMMUNITY AS WELL AS CONTRIBUTE TO THE LUBBOCK COMMUNITY. IMMIGRANTS WHO ARE ENGLISH PROFICIENT EARN BETWEEN 13%-24% MORE THAN IMMIGRANTS WHO ARE NOT ENGLISH PROFICIENT. ADULT BASIC EDUCATION BY CAREFULLY MATCHING TRAINED LITERACY VOLUNTEERS WITH ADULTS IN BOTH TUTOR AND ADULT LEARNER PAIRED SETTINGS LITERACY LUBBOCK CAN PROVIDE PERSONALIZED STUDY THROUGH HIGH IMPACT INDIVIDUALIZED LESSONS, BOOKS, AND TRAINING FOR INTERESTED ADULT STUDENTS. IF THE LEARNERS SHOW DYSLEXIC TENDENCIES, WE CAN CUSTOMIZE A PROGRAM USING THE SUSAN BARTON

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** LITERACY LUBBOCK 75-2293940 READING PROGRAM. ADULT STUDENTS CAN FILL IN THE MISSING PARTS OF THEIR EDUCATION GIVING THEM AN IMPROVED SELF-IMAGE AND ALLOWING THEM TO SUCCEED WITH THEIR PERSONAL GOALS. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 WILL BE SENT TO THE BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: LITERACY LUBBOCK BOARD MEMBERS COMPLETE THE CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS. IF ANY POTENTIAL CONFLICTS ARE ACKNOWLEDGED, THE BOARD MEMBER IS ASKED TO RECUSE THEMSELVES ON ANY RELATED MATTERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANYONE WHO REQUESTS A COPY OF ANY SUCH DOCUMENT. ALL REQUESTS SHOULD BE MADE AT THE ORGANIZATION'S OFFICE IN LUBBOCK, TEXAS. FORM 990, PART XII, LINE 2C THE BOARD OF DIRECTORS AS A WHOLE ARE RESPONSIBLE FOR THE FINANCIAL STATEMENT AUDIT, SELECTING THE INDEPENDENT CPA TO PERFORM THE AUDIT, AND TO OVERSEE THE AUDIT. THIS PROCEDUCRE HAS NOT CHANGED FROM PRIOR YEARS.

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\ JUL\ 1$, 2022, and ending $\ JUN\ 30$, 20 $\ 2$

30 , 20 <u>23</u> **202**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN LITERACY LUBBOCK 75-2293940 JULIE LAUGHLIN Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BOLINGER, SEGARS, GILBERT AND MOSS LLP 79401 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75528479423 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

04/24/24

Date

ERO's signature