### EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022					
В	heck if	C Name of organization	D Employer identifie	cation number				
a	Address							
	change	LITERACY LUBBOCK						
	Name change	Doing business as	75-22939	40				
_	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	요즘 아이를 보고 있다. 그는 사람들은 그리고 있다면 하는 사람들은 사람들이 하면 모든 것이다.					
	Final return/ termin-	1306 9TH STREET	806-775-					
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	297,236.				
<u> </u>	return	LOBBOCK, TX /9401	H(a) Is this a group re					
_	tion pending	F Name and address of principal officer: OULLE LAUGHLIN	for subordinates					
		SAME AS C ABOVE	H(b) Are all subordinates in					
		mpt status: X 501(c)(3)		list. See instructions				
			H(c) Group exemptio	n number ► 1 State of legal domicile; TX				
		Summary	ar or formation. 1990	A State of legal domicile; IA				
		riefly describe the organization's mission or most significant activities: LITERACY	LUBBOCK EXEC	UTES AND				
nce		SUPPORTS PROGRAMS THAT ENABLE PEOPLE TO BECOM	TE LITERATE.	OIDD IND				
rna	_	check this box  if the organization discontinued its operations or disposed of mo		esets				
ove		lumber of voting members of the governing body (Part VI, line 1a)		11				
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		11				
Activities & Governance	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)	5	12				
Ϋ́	6 T	otal number of volunteers (estimate if necessary)	6	246				
<b>Acti</b>	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
		let unrelated business taxable income from Form 990-T, Part I, line 11		0.				
			Prior Year	Current Year				
e		Contributions and grants (Part VIII, line 1h)	284,922.	287,134.				
Revenue	Secretary of the	Program service revenue (Part VIII, line 2g)	0.	0.				
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,050.	2,148.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,108.	-4,957.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,080.	284,325.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Senefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	194,696.	195,917.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
be		otal fundraising expenses (Part IX, column (D), line 25) 10,634.						
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,780.	92,234.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	238,476.	288,151.				
	19 F	Revenue less expenses. Subtract line 18 from line 12	50,604.	-3,826.				
s or			Beginning of Current Year	End of Year				
Net Assets Fund Balanc	20 1	otal assets (Part X, line 16)	501,457.	458,490.				
at As	Mary Mary Mary	otal liabilities (Part X, line 26)	42,364.	3,223.				
		let assets or fund balances. Subtract line 21 from line 20	459,093.	455,267.				
		Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		y knowledge and belief, it is				
uue,	Correct	, and complete. Declaration of preparer (other than princer) is based on all information of which preparer		72- 72				
Sigi	.	Signature of officer	Date	23-23				
Her	450	JULIE LAUGHLIN, EXECUTIVE DIRECTOR						
Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check	X PTIN				
Paid		MATT R. WILLIS MATT R. WILLIS	02/10/23 if self-employ					
Pre	-			75-0882037				
Use Only Firm's address 8215 NASHVILLE AVENUE								
_		LUBBOCK, TX 79423	Phone no. (8	06)747-3806				
N A	. Al ID	S discuss this voture with the preparer shows shows See instructions		Y V N-				

Pa	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?	0
	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	0
	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 \$ 262,462. including grants of \$ ) (Revenue \$ UITERACY 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 CHILD CARE	-
	CENTERS. EVENTS ARE HELD AT PARTNER NON-PROFIT AGENCIES TO DISTRIBUTE	-
	BOOKS TO CHILDREN. THESE EVENTS ARE CALLED BOOKS FOR BREAKFAST.	_
	LITERACY LUBBOCK PRESENTS PROGRAMS ON THE IMPORTANCE OF READING TO YOUR	_
	CHILDREN AT AREA HEAD START PROGRAMS.	_
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	_
		-
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
		_
		_
		_
		_
		_
		_
		-
		-
		-
		-
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 262,462.	

# Form 990 (2021) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	<b>20</b> a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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		Х

# Form 990 (2021) 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			3,7
•	Schedule J	23		X
24 a	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	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
Ч	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		х
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		X
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		X
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				. v
	"Yes," complete Schedule L, Part IV	28a	Х	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		-
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "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	23		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			. v
<b>~</b> =	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	36		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b		)		
С				
	(gambling) winnings to prize winners?	1c		
			000	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9a		
		9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  N/A   10a			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		Х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	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,

	to into da, do, or red bolen, december the directional local, produced, or sharings on constitutions.			37			
_	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 1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37			
_	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	_		v			
	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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v			
	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			v			
_	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:		37				
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	_		37			
	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		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	۱					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X				
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v				
	on Schedule O how this was done	12c	Х	- V			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		Λ			
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?			37			
a	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37			
_	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
<del></del>	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE						
17			\ _ ··	-1-1			
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			
	for public inspection. Indicate how you made these available. Check all that apply.						
	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, are	d 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, LUBBOCK, TX 79401						

75-2293940

Page 7

# 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

X

#### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	(C)					(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			is bot	h an	compensation	compensation	amount of
	week	_			100)	from	from related	other		
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig emp	P.			
(1) JULIE LAUGHLIN	40.00			,,				C1 070	0	F 000
EXECUTIVE DIRECTOR	1 00			Х				61,870.	0.	5,998.
(2) SUSAN SNEAD (7/21 - 2/22)	1.00	٠,,		,,					0	0
PAST CHAIR	1 00	Х		Х				0.	0.	0.
(3) TERRY HANDLEY	1.00	X		\ \					0.	0
CHAIR	1.00	Δ.		Х				0.	0.	0.
(4) JOSH SALMANS (9/21 - 6/22) VICE CHAIR	1.00	Х		x				0.	0.	0.
(5) TENA GONZALES	1.00	^		₽				0.	0.	0.
TREASURER	1.00	Х		x				0.	0.	0.
(6) STACY MCKENZIE	1.00			<u> </u>				0.	0.	<u> </u>
SECRETARY	1.00	х		х				0.	0.	0.
(7) CHARLES CHAMBERS (7/21 - 2/22)	1.00			123					<u> </u>	
DIRECTOR		х						0.	0.	0.
(8) DAVID MARCINKOWSKI (7/21 - 2/22	1.00							_		
DIRECTOR		Х						0.	0.	0.
(9) JANA ANDERSON (7/21 - 2/22)	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JANE CLAUSEN (7/21 - 2/22)	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CHRIS DOMINGUEZ (7/21 - 8/21)	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) CHRIS MOORE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JO BETH WALKER (7/21 - 2/22)	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) PARIS WRIGHT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JOHN LOWE	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) JERRY STODDARD (11/21 - 6/22)	1.00	٦,							_	0
DIRECTOR (11/21 6/22)	1 00	Х					_	0.	0.	0.
(17) REESE WRIGHT (11/21 - 6/22)	1.00	X						0.	0.	0
DIRECTOR		Λ						<u> </u>	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	)	Es	timate	:d
	hours per	box	, unle	ss pe	erson	is bot	h an		compensation			nount (	of
	week	$\vdash$	CCI AI	lu a u	in ect	Ji/ ii us	100)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)			om the anizati	
	organizations	ruste	l trus		ee ee	nben		1099-NEC)	1033-1120)		_	d relate	
	below	dualt	ıtiona		nploy	st col	<u></u>	10001120)				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form 6						
(18) BRANDON CLAYTON (3/22 - 6/22)	1.00	<del>                                     </del>	_	Ī	1	T .							
DIRECTOR		X						0.		0.			0.
(19) JUSTIN RIVAS (3/22 - 6/22)	1.00												
DIRECTOR		X						0.		0.			0.
		∺											
		1											
		$\vdash$			$\vdash$	$\vdash$							
		1											
		$\vdash$			$\vdash$								
		1											
		-											
		-			<u> </u>	-							
		-											
		_			<u> </u>	_							
		1											
					<u> </u>								
								61 050		_			~~
1b Subtotal								61,870.		0.		5,9	
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								61,870.		0.		<b>5,</b> 9	98.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer			•		•		_	•	•				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	elat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," con	nplete Schedui	le J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	conti	racto	ors t	that received more than	\$100,000 of cor	npens	ation 1	rom	
the organization. Report compensation for													
(A)	-							(B)			(0	<del>)</del>	
Name and business	address	NO	INC	Ξ				Description of s	ervices	С	ompe	nsatio	า
2 Total number of independent contractors (	including but r	not li	mite	d to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organ		( 111		ں، د	.,,0	0	٠.٠٠	WIIO 1000IVOU II	.5.5				
Too, ood of compensation from the organ	12011011					_						000 (	

75-2293940

Form 990 (2021) LITERACY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  1d  1e  1f	128,465. 19,300. 34,054. 105,315.				
a C	h	Total. Add lines 1a-1f		287,134.			
Program Service Revenue	2 a b c		Business Code				
Progra Re	e f	All other program service revenue					
	a a	Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)  Income from investment of tax-exempt be	nterest, and	2,148.			2,148.
	5	Royalties	▶				
	6 a b c	Less: rental expenses 6b  Rental income or (loss) 6c	(ii) Personal				
9	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securit	ies (ii) Other				
Other Revenue	d 8 a	And sales expenses 7b 7c	<b>•</b>				
	С	contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising eve Gross income from gaming activities. See		-6,012.			-6,012.
	b c	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activitie Gross sales of inventory, less returns	9a 9b				
	b	and allowances  Less: cost of goods sold  Net income or (loss) from sales of inventor	10a 10b ry				
Miscellaneous Revenue	11 a b c		Business Code 9 0 0 0 9 9	1,055.			1,055.
Ais	d	All other revenue					
		Total. Add lines 11a-11d		1,055.			
	12	Total revenue. See instructions	<b>.</b>	284,325.	0.	0.	-2,809.

# 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		expenses	gomorai expeniess	олроносс
	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,	65.060	62 052	0 661	1 004
	trustees, and key employees	67,868.	63,273.	2,661.	1,934.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	98,603.	91,921.	2 066	2 016
7	Other salaries and wages	30,003.	71,741.	3,866.	2,816.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	13,768.	10,326.	2,065.	1,377.
9 10	Other employee benefits	15,678.	14,616.	615.	447.
10 11	Payroll taxes Fees for services (nonemployees):	13,070	11,010	013.	<u> </u>
	Management				
	Legal				_
	Accounting	9,446.	7,084.	1,417.	945.
	Lobbying	•			_
	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				_
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	16,870.	12,652.	2,531.	1,687.
14	Information technology	109.	82.	16.	11.
15	Royalties				
16	Occupancy				
17	Travel				_
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1,899.	1,519.	380.	
23	January Company	2,382.	1,787.	357.	238.
24	Other expenses. Itemize expenses not covered	-,	_,		= 3 3 4
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	47,153.	46,883.	162.	108.
b	CATERING & FOOD SUPPLIE	8,958.	8,958.		
С	STAFF DEVELOPMENT	2,140.	1,605.	321.	214.
d	DUES & FEES	1,669.	1,252.	250.	167.
е	All other expenses	1,608.	504.	414.	690.
25	Total functional expenses. Add lines 1 through 24e	288,151.	262,462.	15,055.	10,634.
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 (0004)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any lin	e in this Part X			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		207,125.	1	183,115.		
	2	Savings and temporary cash investments		188,352.	2	119,322.		
	3	Pledges and grants receivable, net	67,314.	3	43,800.			
	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 disquared	ualified	persor	s (as defined			
		under section 4958(f)(1)), and persons descr	ibed in	section	4958(c)(3)(B)		6	
t	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges				3,003.	9	6,854.
	10a	Land, buildings, and equipment: cost or other			Г			
		basis. Complete Part VI of Schedule D	10	a	12,298.			
	b	Less: accumulated depreciation		b	10,163.	3,365.	10c	2,135.
	11	Investments - publicly traded securities		32,298.	11	2,135. 103,264.		
	12	Investments - other securities. See Part IV, lin		12				
	13	Investments - program-related. See Part IV, li		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	<b>Total assets.</b> Add lines 1 through 15 (must e				501,457.	16	458,490.
	17	Accounts payable and accrued expenses				8,310.	17	3,223.
	18	Grants payable	·	18	-			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
S	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
ig		controlled entity or family member of any of t					22	
Ë	23	Secured mortgages and notes payable to un					23	
	24	Unsecured notes and loans payable to unrel			_		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li						
		of Schedule D		,	·	34,054.	25	0.
	26	Total liabilities. Add lines 17 through 25				42,364.	26	3,223.
		Organizations that follow FASB ASC 958,				·		
Ses		and complete lines 27, 28, 32, and 33.			_			
au	27	Net assets without donor restrictions				356,421.	27	366,046.
Bal	28	Net assets with donor restrictions				102,672.	28	89,221.
nd		Organizations that do not follow FASB AS						,
Ē		and complete lines 29 through 33.	,					
S O	29	Capital stock or trust principal, or current fur	nds				29	
sets	30	Paid-in or capital surplus, or land, building, o					30	
Ass	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				459,093.	32	455,267.
~	33	Total liabilities and net assets/fund balances		501,457.	33	458,490.		

Ра	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		4,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,1			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8 9,0			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
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)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	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 Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	За		Х		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
				000			

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

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 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

**Employer identification number** Name of the organization LITERACY LUBBOCK 75-2293940 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 250,334. 238,193. 226,743. 284,922. 287,134. 1287326. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to 8,610 8,610. 8,610. 8,610. 13,610. 48,050. the organization without charge 258,944. 246,803. 298,532. 295,744. 235,353. 1335376. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 249,442. 1085934. 6 Public support. Subtract line 5 from line 4. Section B. Total Support **(a)** 2017 (b) 2018 246,803. **(c)** 2019 Calendar year (or fiscal year beginning in) (d) 2020 (e) 2021 (f) Total 295,744. 258,944. 235,353. 298,532. 1335376. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 1,222. 3,104 3,550. 2,050. 2,148. 12,074. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 6 068 195 328 055 874 accete (Evaloin in Dort VII)

	assets (Explain in Part VI.)	0,000	1,1000	4,540.	1,220		, 055.	<b>± ± ± , 0</b> .	<i>,</i> = •
11	Total support. Add lines 7 through 10							135932	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		19,34	<u>12.</u>
13	First 5 years. If the Form 990 is for th	e organization's firs	t, second, third, fou	ırth, or fifth tax ye	ear as a section 5	01(c)(3)			
	organization, check this box and stop	here						<b>&gt;</b>	
Se	ction C. Computation of Publ								
14	Public support percentage for 2021 (I	ine 6, column (f), div	rided by line 11, col	umn (f))		14		79.89	%
	Public support percentage from 2020				T	15		79.34	%
	33 1/3% support test - 2021. If the c				_	ore, che	eck this bo	x and	
	stop here. The organization qualifies								X
k	33 1/3% support test - 2020. If the o	organization did not	check a box on line	13 or 16a, and li	ne 15 is 33 1/3%	or more	e, check th	is box	
	and stop here. The organization quali	ifies as a publicly su	pported organization	on				<b>&gt;</b>	
17a	10% -facts-and-circumstances test	t - <b>2021.</b> If the orgar	nization did not che	ck a box on line 1	13, 16a, or 16b, a	nd line	14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance:	s test, check this b	ox and <b>stop here</b>	. Explain in Part \	/I how tl	he organiz	ation	
	meets the facts-and-circumstances te	st. The organization	qualifies as a publ	icly supported or	ganization			<b>&gt;</b>	
b	10% -facts-and-circumstances test	t - <b>2020.</b> If the organ	nization did not che	ck a box on line 1	13, 16a, 16b, or 1	7a, and	line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circums	stances test, check	this box and stop	<b>p here.</b> Explain in	Part VI	how the		
	organization meets the facts-and-circu	umstances test. The	e organization qualif	ies as a publicly s	supported organi	zation		<b>&gt;</b>	
18	Private foundation. If the organizatio	n did not check a bo	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd see i	nstruction	s	

## 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	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assuited offer lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	<del>-1</del> a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	6		
	8		
	9a		
	01-		
	9b		
	9c		
	10a		
lula	10b		2021

Pa	rt IV Supporting Organizations (continued)			
	(oshandod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the 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,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а				
b				
С		structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>ل</b>	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
2	these activities but for the organization's involvement.  Parent of Supported Organizations, Answer lines 32 and 3b below.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	11 3			

Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section	on 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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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-function	nally integrate	d Type III supportina ora	anization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 LITERACY LUBB			-7	5-2293940 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
$\overline{}$	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
_	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Didated will of lifte 7.				

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# Schedule 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

Schedule B (Form 990) (2021)

I	LITERACY LUBBOCK 75-2293940					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo					
Special Rules						
sections 509(a)( contributor, duri	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 "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't o	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 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year   \$\int \text{\$\sum_{\text{contributions}}\$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•				

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

Name of organization Employer identification number

# LITERACY LUBBOCK

75-2293940

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al 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	\$128,465 <b>.</b>	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	\$10,000 <b>.</b>	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	US SMALL BUSINESS ADMINISTRATION  409 3RD STREET SW  WASHINGTON, DC 20416	\$34,054.	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.)

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

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)		
lo. n t I	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of git	ft		
-	Transferee's name, address, an	nd ZIP + 4	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	nd ZIP + 4	Relationship of transferor to transferee		
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
+		(e) Transfer of git	ft		
		.=			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

#### **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	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the
		(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 v	_	
	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 ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	n of a conservation easement on the last  Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	•	I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by tr	ne organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is leasted	
4 5	Does the organization have a written policy regarding the peri		<b>f</b>
3	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	tan and volunteer nears devoted to morntoning, inspecting,	mandling of violations, and emorning co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
•	<b>\$</b>	ing of violations, and officially concert	ation outsine during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	C	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or G	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	/// A		•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar As		rage <b>∠</b> d)
3	Using the organization's acquisition, accession							•	,
	collection items (check all that apply):								
а									
b	Scholarly research	e		Other	90 p. 09				
c	Preservation for future generations	J							
4									
5									
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	t IV   Escrow and Custodial Arran								
	reported an amount on Form 990, Par			, o. ga <b>_</b>				, 5, 5.	
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part XIII								
_	gg							Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			<b>=</b>
	t V Endowment Funds. Complete it								
	53.0,	(a) Current year		rior year			Three years b	ack (e) Four yea	rs back
1a	Beginning of year balance	,	. ,		,,,,	<u> </u>	<u> </u>	,,,,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·									
	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curr	ont year and balance	o (lino 1	a column (	a)) bold ac.				
	Board designated or quasi-endowment	erit year erid balanc	%	g, coluitii (a	ajj rielu as.				
	Permanent endowment	%							
C	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	ation the	at are hold a	and administ	arad for the	organization		
Ja		ssion of the organiza	ation the	at are rielu a	ina auminist	ered for the	organization	Yes	s No
	by: (i) Unrelated organizations							3a(i)	+
								·····	+
h	(ii) Related organizations	tions listed as requi	red on S	Chadula R2				3b	+
1	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm		WITICITE	iuiius.					
	Complete if the organization answered		). Part I	V. line 11a. S	See Form 990	D. Part X. lin	e 10.		
	Description of property	(a) Cost or o		·	or other		umulated	(d) Book va	lue
	Description of property	basis (investr			(other)	` '	ciation	(d) DOOK VA	iue
12	Land	`		22510	/	3.5,510			
	Buildings								
	Leasehold improvements								
	Equipment			1	2,298.	1	0,163.	2.	135.
	Other			_		_	, _ 5 5 6		
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (B) line 1	10c.)			2.	135.
. J.u		-, , r art	, Joidi	( <i>D)</i> , iii i l	· /				

Schedule D (Form 990) 2021 LITERACY LUE	ВВОСК	75	-2293940 Page
Part VII Investments - Other Securities.			rugo
Complete if the organization answered "Yes" o	n 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" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			<u> </u>
(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" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	escription	, ,	(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" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlife.	51111 555, 1 211 17, 11116	1.0 0. 111. 000 1 0.111 000, 1 art X, iiile 20	(b) Book value
. , ,			(S) DOOK VAIGO
(1) Federal income taxes			

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

<sup>2.</sup> 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

					0000040
	edule D (Form 990) 2021 LITERACY LUBBOCK				2293940 <sub>Page</sub> 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	305,846
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				
	Other (Describe in Part XIII.)		12,911.		
	Add lines 2a through 2d			2e	21,521
3	Subtract line <b>2e</b> from line <b>1</b>			3	284,325
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.)	4b			
	Add lines 4a and 4b	•		4c	0 .
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	284,325
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	309,672
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.		
	Prior year adjustments				

#### d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **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.)

c Other losses

4c 288,151.

21,521.

288,151.

#### Part XIII Supplemental Information.

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:

LITERACY LUBBOCK 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 2018. THERE WERE NO PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR ENDED JUNE 30, 2022.

#### **SCHEDULE G** (Form 990)

Department of the Treasury

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

**Open to Public** 

Name of the organization

Inspection Employer identification number

75-2293940

LITERAC	Y LUBBOCK				75-2293	940	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not	
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	ed funds through any of the following and solicitate and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursuant solicitates.	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?  (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				
Fotal			<b>•</b>				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

75-2293940 Page 2 Schedule G (Form 990) 2021 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 26,199. 1 Gross receipts 26,199 19,300. 19,300. 2 Less: Contributions 6,899. 6,899. 3 Gross income (line 1 minus line 2) ...... 4 Cash prizes 5 Noncash prizes Direct Expenses 2,561. 2,561. 6 Rent/facility costs 498. 498. 7 Food and beverages 8 Entertainment 9,852. 9,852. 9 Other direct expenses 12,911. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,012. 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? **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	nedule G (Form 990) 2021	LITERACY	LUBBOCK	75-2293	3940	Page 3
11	Does the organization conduct g	aming activities with	nonmembers?		Yes	No
12			f a trust, or a member of a partnership or other entity formed		Yes	□ No
13	Indicate the percentage of gamir					
				13a		%
						%
14	Enter the name and address of the	ne person who prepa	ares the organization's gaming/special events books and record	s:		
	Name					
	Address >					
15a	a Does the organization have a cor	ntract with a third pa	rty from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gan	ning revenue receive	ed by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by th					
(	If "Yes," enter name and address	of the third party:				
	Name					
	Address >					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	<b>&gt;</b> \$				
	Description of services provided	<b>&gt;</b>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	a Is the organization required unde	r state law to make	charitable distributions from the gaming proceeds to	_	ı	
	retain the state gaming license?				Yes	└── No
ŀ		· · · · ·	e law to be distributed to other exempt organizations or spent in	the		
Ds	organization's own exempt activi		ear ▶ \$ he explanations required by Part I, line 2b, columns (iii) and (v); a	and Dort III	inos O	0h 10h
			ovide any additional information. See instructions.	and Fait III, i	ii ies ə,	90, 100,
	,,,	э арриоалогу көө рг				

Schedule G	i (Form 990)	LITERACY LUBBOC	K	75-2293940 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		

#### **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

2021

Open To Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

1			Relationship bety		lified	-) D	novintion of tors				(d) Corrected			
(a) Name of disqualified person		person and organization				(c) Description of transaction				n	n		es	No
												+	_	
2 Entar the amount of t	eavination was district	the e	rachization man		or dia	avalified persons du	rina	the year under						
2 Enter the amount of t section 4958	•		•	•			•	•		<b>&gt;</b> \$				
3 Enter the amount of t						anization								
C Enter the amount of t	.ax, ii ariy, ori iii	110 2, 6	above, reimbare	oca by	ti ic oi	garnzation				Ψ				
Part II Loans to a	and/or Fron	n Int	erested Per	sons	<u> </u>									
	he organizatior	n ansv	vered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Forn	n 990, Part IV, lir	ne 26;	or if th	ne orga	ınizati	on	
			, Part X, line 5, 6					,			Ū			
(a) Name of	(b) Relation		(c) Purpose		oan to or	(e) Original	al <b>(f)</b> Balance due <b>(g)</b> In <b>(h)</b> A				(h) App by bo	oroved ard or	(i) W	ritten.
interested person	with organi	zation	of loan		ization?	principal amount			default?		committee'		agreemen	
				То	From				Yes	No	Yes	No	Yes	No
otal						> \$								
	Assistance	Ber	efiting Inter	reste	d Pe	rsons.								
Complete if t	he organizatior	ansv	vered "Yes" on	Form	990, Pa	art IV, line 27.								
(a) Name of interest	ed person	(	<b>b)</b> Relationship			(c) Amount of		(d) Type			• .		ose of	f
			interested pers		ıd	assistance	assistance		ć	assista	ance			
		_	une organiza	20011						_				
		-								-+				
		-								-+				
										+				
		1								-+				
										-+				
		1												
										$\neg \uparrow$				
										-				

	vered "Yes" on Form 990, Part IV, line 28a, 2		1	1 (a) O)-	orina a a
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
ELIZABETH LAUGHLIN	ELIZABETH LAUGHLIN	52 536	.WAGES PAID	Yes	No X
EDIZABETH DAOGHDIN	EDIZABETH LAUGHLIN	32,330	WAGES FAID		Α
Part V Supplemental Informatio Provide additional information for	<b>n.</b> responses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINES	S TRANSACTIONS INVOLVI	NG INTERES	red persons:	1	
(A) NAME OF PERSON: ELI	ZABETH LAUGHLIN				
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON AN	D ORGANIZA	rion:		
ELIZABETH LAUGHLIN IS R	ELATED TO JULIE LAUGHL	IN, EXECUT	IVE DIRECTOR	ર	
(D) DESCRIPTION OF TRAN	SACTION: WAGES PAID TO	ELIZABETH	LAUGHLIN AS	S AN	
EMPLOYEE OF LITERACY LU	BBOCK.				

#### 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-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GED

LITERACY LUBBOCK PROVIDES INDIVIDUAL VOLUNTEER TUTORS OR SMALL

CLASSROOM INSTRUCTION, AND ONLINE INSTRUCTION TO ADULT LEARNERS WHO

REQUEST OUR 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, INCREASE

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.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

LITERACY LUBBOCK

Employer identification number 75-2293940

#### 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

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, PAGE 9, PART VIII, LINE 1E

INCLUDED ON LINE 1E IS \$34,054 FROM THE PAYCHECK PROTECTION PROGRAM

(PPP) LOAN THE ORGANIZATION RECEIVED FROM THE SMALL BUSINESS

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  LITERACY LUBBOCK	Employer identification number 75-2293940							
ADMINISTRATION DURING THE YEAR ENDING 6/30/22. AS SUCH PER FASB-ASC								
958-605 NOT-FOR-PROFIT-ENTITIES REVENUE RECOGNITION IT IS BEING								
RECOGNIZED AS CONTRIBUTION INCOME FROM A CONDITIONAL CONT	RIBUTION.							
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.								
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