90

-	m <b>99(</b>	ו										I	OMB No. 1545-0047
FUI		•						Exempt Finder Iternal Revenue (					2020
Dep: Inter	artment of t mal Revenu	he Treasury e Service						s on this form as ructions and t		-			Open to Public Inspection
Α	For the	2020 calend	lar year, or ta						and endin		30		, <b>20</b> 2021
В	B Check if applicable: C D Employer ide									oyer iden	tification number		
	Addre	ess change		VC	LUNTE	ERS - WI	NCHEST	ER AREA,				-1366	
		change	INC.	יו רי		N STREET	,				E Telep		
		return	WINCHEST								(54	40) 5	536-1648
		eturn/terminated		,							•		¢
		ded return cation pending	F Name and a	ddrocc	of princing	al officer: AND				H(a) Is this	G Gross		\$ 220,366. ubordinates? Yes X No
	Applic	cation pending	SAME AS	Γ Δ	BOVE	AND	Y GAIL			• •	l subordinate " attach a li		103 110
ī	Tax-exe	mpt status:	X 501(c)(3)		501(c) (	)◀ (in	sert no.)	4947(a)(1) or	527	If "No	" attach a li	st. See ir	nstructions
J	Websi		W.LVWA.O			/ (		10 17 (4)(1) 01	02,	H(c) Group	exemption	number <sup>I</sup>	►
K	Form of	organization:	X Corporation	1 1	Trust	Association	Other ►	L	Year of format				legal domicile: VA
Pa	art I	Summar	y										-
	<b>1</b> Br	iefly descrit	be the organi	zatio	n's miss	ion or most s	significant	activities:LI	TERACY	SERVIC	ES		
a	_												
Governance	_												
/ern			v <b>N</b> if th			n diagontinu	ad ita ana	rations or disp	acad of m		DE 9/ of its		
Go	2 Ch 3 Nu							ie 1a)					11
								y (Part VI, line					11
ties	<b>5</b> To							Part V, line 2a					7
Activities &	6 To							• • • •					0
Ă								ine 12					0.
	DINE		DUSINESS Lax	able	Income	ITOITI FOITIT 9	90-1, Fait	I, line 11		-	Prior Yea		0. Current Year
	<b>8</b> Co	ontributions	and grants (	Part	VIII. line	e 1h)					nor rea		213,205.
οne						•							7,156.
Revenue	<b>10</b> In	vestment in	come (Part V	/III, c	olumn (	A), lines 3, 4	, and 7d).						5.
ď			•					and 11e)					
					-			column (A), l					220,366.
				•		-	-	-3)					
		•			•								106 150
es			•			-		umn (A), lines					126,178.
Expense	16a Pr									·			
ğ	b To					lumn (D), line	· · · · ·		13,996.				
_	17 0		-				-						51,763.
		•			-	•		(A), line 25).					177,941.
		evenue less	expenses. S	ubtra	act line I	8 from line 1	2						42,425.
ts or Inces	<b>20</b> To	tal accote (	Part X line 1	6)							ng of Curre 106,		End of Year 168,109.
Net Assets Fund Balanc	20 TO 21 To											<u>015.</u>	18,092.
det /	22 Ne		assets or fund balances. Subtract line 21 from line 20						104,		150,017.		
		Signatur		.3. 0	ubtracti		110 20				104,	302.	130,017.
_		-		axamir	ned this ret	urn including acc	omnanving s	chedules and state	ments and to	the hest of r	ny knowledo	e and he	lief it is true correct and
com	plete. Decla	aration of prepa	rer (other than off	icer) is	s based on	all information of	which prepar	rer has any knowle	dge.	and boot OF I			elief, it is true, correct, and
Sig	gn	Signatur	e of officer							D	ate		
He	re		GAIL							EXEC	UTIVE	DIR.	
			print name and ti	tle		1_			1				
		Print/Type p	reparer's name			Preparer's sign	ature		Date		Check	if	PTIN

BAA For Pa	perwork Red	uction Act Notice, see th	he separate instructions.		TEEA0101L 01/1	9/21	Form <b>990</b>	(2020)		
May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
		CHANTILLY, VA	20151			Phone no. (70	3) 631-894	0		
Use Only	Firm's address • 4437 BROOKFIELD CORPORATE DR, SUITE 205						Firm's EIN ► 54-1972062			
Preparer	Firm's name	► DUNHAM, AUKAM								
Paid	MARK J.	RHODES, CPA				self-employed	P00734909			
	i interspe prope		i ropulor o orginataro	Dun		Check				

Form	990 (2020)	LITERACY VOLUNT	EERS - W	INCHESTER AREA,		62-1366	707	Page 2
Par		nent of Program Se						
			-	note to any line in this l	Part III			
I	LITERACY	e the organization's mis	sion:					
	LIIERACI	SERVICES						
2	Did the organization	ation undertake any signif	cant program	services during the year w	which were not listed on	the prior		
							Yes ≱	No
	,	be these new services on						-
3		zation cease conducting be these changes on Sche		nificant changes in how	it conducts, any progr	am services?	Yes	K No
4	Section 501(c)	rganization's program se (3) and 501(c)(4) organi f any, for each program	zations are r	plishments for each of it equired to report the am rted.	ts three largest program nount of grants and allo	n services, as meas ocations to others, th	ured by exp le total expe	enses. enses,
4 a	(Code:	) (Expenses \$	116,8	91. including grants of	\$	) (Revenue \$		)
	PROVIDING	BOOKS, CLASSES		TORING SERVICES		TERACY IN THE	WINCHE	STER
				LUDE BASIC ADULT				<u>SH</u>
				I <u>NING, FINANCIA</u> I				
	PREPERATI	ON AND LEGAL SE	RVICES N	NAVIGATION. APPF	ROXIMATELY 395	INDIVIDUALS	<u>SERVED.</u>	
4 b	(Code:	) (Expenses \$		including grants of	\$	) (Revenue 💲		)
4 c	: (Code:	) (Expenses \$		including grants of	\$	) (Revenue \$		)
4 d	Other program	services (Describe on S	Schedule O.)					<u> </u>
	(Expenses	\$	including	grants of \$	) (Reven	ue \$	)	
	Total program	service expenses 🕨	1	116,891.				<b>20</b> (2020)
				TEE 4 6 4 6 6 1 4 6 10 7 10 6				

 Form 990 (2020)
 LITERACY VOLUNTEERS - WINCHESTER AREA,

 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	Х	
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 public office? If 'Yes,' complete Schedule C, Part I	3		Х
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 Revenue Procedure 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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,'</i> 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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	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.	11 b		Х
(	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	11 c		Х
0	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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? <i>If 'Yes,' complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		Х

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 Form 990 (2020)
 LITERACY
 VOLUNTEERS
 - WINCHESTER
 AREA,

 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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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 Schedule K. If 'No, 'go to line 25a	24a		Х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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
ł	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
ł	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	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? <i>If 'Yes,' complete Schedule N, Part II.</i>	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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1 a       0         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1 b       0		105	
Ċ	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA				(2020)

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 7			
ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 7 <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	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		Х
<b>b</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).			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7.0		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b		Λ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		V
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899</li> </ul>	71		Λ
as required?	7 g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12       10 a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	12 a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>	120		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		<u> </u>
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			

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.

Chook if School	dule O contains a re	concorco or noto to	any line in this	Dort \/I
Check II Sched	ille o contains a re	shonse or note to	any line in inis	

<u> </u>				. Λ				
Sec	ction A. Governing Body and Management		Vee	N.				
1	a Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> 11 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.		Yes	No				
	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>							
2		2		Х				
-		-						
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4 Did the organization make any significant changes to its governing documents								
	since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х				
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	a The governing body?	8 a	Х					
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		Х				
9								
5	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)				
			Yes	No				
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X				
	<ul> <li>b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> </ul>	10 u						
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	mu						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	120	Λ					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b	Х					
	Schedule O how this was done	12c	X					
	Did the organization have a written whistleblower policy?	13	Х					
	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
	a The organization's CEO, Executive Director, or top management official	15 a		Х				
	<b>b</b> Other officers or key employees of the organization	15 b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х				
	<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16 b						
See	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed  NONE							
18	available for public inspection. Indicate how you made these available. Check all that apply	01(c)(	3)s or	ıly)				
	Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)							
19	the public during the tax year. SEE SCHEDULE O	ible to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records >							

62-1366707

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Form 990 (2020)	LITERACY	VOLUNTEERS	- WINCHESTER	AREA,	62-1366707	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
Check	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
organization's tax y	ear.	·		ion for the calendar year e	-				
<ul> <li>List all of the</li> </ul>	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of								

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

per veck (list any hours for related organization related for complete automotion (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1090-MISC) (W-2/1090-MISC) (W-2/1090-MISC) (W-2/1090-MISC) (W-2/1090-MI	(F) ated amount of other rsation from rganization d related anizations
week (list any hours for related organiza- organiza- tions below dotted dotte	rganization d related
(1) ANDY GAIL 40	
EXECUTIVE DIR.         0         X         50,531.         0.	0.
(2) KATRINA SMITH1	
PRESIDENT 0 X X 0. 0.	0.
(3) BOBBY HERNDON 1	
VICE PRESIDENT 0 X X 0. 0.	0.
(4) GAIL PRYDE 1	
TREASURER 0 X X 0. 0.	0.
(5) NATALIE GREENHALGH 1	
DIRECTOR 0 X 0. 0.	0.
(6) SHANNON HOUCK	
DIRECTOR 0 X 0. 0.	0.
(7) DIANA PATTERSON 1	
DIRECTOR 0 X 0. 0.	0.
(8) GINNY STEELE 1	
DIRECTOR 0 X 0. 0.	0.
(9) MARY TEDROW 1	
DIRECTOR 0 X 0. 0.	0.
(10) ELENA DRYDEN 1	
DIRECTOR 0 X 0. 0.	0.
(11) SARA GARDNER 1	
DIRECTOR 0 X 0. 0.	0.
(12) CARYL HICKEL 1	
DIRECTOR 0 X 0. 0.	0.
(13)	
<u>(14)</u>	

BAA

Form 990 (2020) LITERACY VOLUNTEERS - W									62-136670			ige <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated E (B) (C)								pensated Emp	loyees	<b>5</b> (conti	inued)	
(A) Name and title	(B) Average hours per week	Average (do not check more than one hours box, unless person is both an per officer and a director/trustee) comme					an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amou of other		
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the c	nsation rganizat d related anization	tion d
(15)		-										
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal c Total from continuation sheets to Part VII, Secti							► ►	50,531. 0.	0.	ļ		0.
d Total (add lines 1b and 1c).							▶	50,531.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	/e) v	who	receiv	ed		0 of reportable com	pensatio	n	
											Yes	No
3 Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	e, ke <i>al</i>	ey er	nplo	oyee	e, or f	nigh 	nest compensated	employee	. 3		X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00'?	lf 'Y	′es,'	com	plei	te Schedule J for		. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	on fro ched	om a lule	any <i>J fo</i>	unrel r <i>suci</i>	ate h pe	d organization or erson	individual	. 5		Х
Section B. Independent Contractors Complete this table for your five highest compen- compensation from the organization. Report compen-	sated ind	epen the c	dent alen	cor	ntrac	ctors endir	tha ng w	t received more t	han \$100,000 of ganization's tax yea	ſ.		
(A) Name and business add					your	oriali	.g i	(B) Description	, í		<b>C)</b> ensatio	on
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	o tha	se l	istec	l abov	/e) \	who received more	than			

### Part VIII Statement of Revenue

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		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated business	(D) Revenue excluded fro
			function	revenue	under sect 512-514
1	a Federated campaigns 1a				
	b Membership dues 1b				
cellaneous     Other Revenue     Contributions, Gifts, Gran       centue     Program Service Revenue     Contributions, Gifts, Gran       centue     0     0       centue     0     0	c Fundraising events 1 c	_			
	d Related organizations 1d	_			
	e Government grants (contributions) 1e 90,363 f All other contributions, gifts, grants, and	<u>.</u>			
	similar amounts not included above 1f 122,842	<u>.</u>			
	lines 1a-1f 1g				
	h Total. Add lines 1a-1f Business Code	► <u>213,205</u> .			
2	2a <u>IMMIGRATION</u> <u>SERVICES</u>	4,370.	4,370.		
	• <u>CLASSES</u>	2,786.	2,786.		
		27700:	27100.		
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	▶ 7,156.			
	other similar amounts)	▶ 5.			
:	5 Royalties	-			
e	Ga Gross rents	-			
	b Less: rental expenses 6b	-			
	c Rental income or (loss) 6c	-			
		•			
7	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory <b>7a</b>	-			
	<b>b</b> Less: cost or other basis	-			
	and sales expenses 7b	_			
	c Gain or (loss) 7c d d Net gain or (loss)	•			
		-			
۲	3 a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events	►			
ç	<b>Ja</b> Gross income from gaming activities. <b>Ja</b> See Part IV, line 19. <b>Ja</b>				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities	►			
1(	Da Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory	►			
	Business Code				
11	1a	-			
	b				
	c				
					1

Part IX Statement of Functional E				
Section 501(c)(3) and 501(c)(4) organizations mu	<i>ust complete all columns. All otl</i> iins a response or note to any			
Check II Schedule O conta	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<ol> <li>Grants and other assistance to domestic organizations and domestic government See Part IV, line 21</li> </ol>	S.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for eign individuals. See Part IV, lines 15 and 10	r- nd 16			
<ul> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, directed trustees, and key employees</li> </ul>	ors,	35,372.	7,579.	7,580
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons describe in section 4958(c)(3)(B)		0.	0.	0
7 Other salaries and wages		40,758.	27,021.	2,839
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		10,7001	27,0211	
9 Other employee benefits				
<b>10</b> Payroll taxes	5,029.	3,166.	1,431.	432
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
c Accounting	6,928.		6,928.	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line	17			
f Investment management fees				
<ul> <li>g Other. (If line 11g amount exceeds 10% of line 25, c</li> <li>(A) amount, list line 11g expenses on Schedule 0.)</li> <li>12 Advertising and promotion</li> </ul>				
13 Office expenses		561.	31.	19
14 Information technology		J01.	51.	19
<b>15</b> Royalties				
-		0 700	400	200
<b>16</b> Occupancy		8,706.	490.	290
<ul> <li>17 Travel.</li> <li>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</li> </ul>		464.		
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortizatio				
<b>23</b> Insurance		2,915.	164.	97
24 Other expenses. Itemize expenses not covered above (List miscellaneous expe on line 24e. If line 24e amount exceeds 10 <sup>1</sup> of line 25, column (A) amount, list line 2 expenses on Schedule O.)	nses % 24e	2,515.	101.	57
a PROGRAM MATERIALS	8,093.	8,093.		
b COPIER AND COMPUTER	6,154.	5,644.	318.	192
c UTILITIES	3,982.	3,652.	207.	123
d PUBLIC RELATIONS		1,396.	1,396.	120
e All other expenses		6,164.	1,489.	2,424
25 Total functional expenses. Add lines 1 through 24	· · · · · · · · · · · · · · · · · · ·	116,891.	47,054.	13,996
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)				Earm 000 (2020

Form 990 (2020)	LITERACY	VOLUNTEERS	-	WINCHESTER	AREA,
Part X Bala	nce Sheet				

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		Check if Schedule O contains a response or note to	any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.			98,127.	1	158,557.
	2	Savings and temporary cash investments				2	9,552.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form					
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contribut	tor, or 35%		-	
						5	
	6	Loans and other receivables from other disqualified po		6			
	-	section 4958(f)(1)), and persons described in section					
a	7	Notes and loans receivable, net				7	
et	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges	 I			9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	3,250.			
	b	Less: accumulated depreciation	10 b	3,250.		10 c	
	11	Investments – publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,270.	15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		106,397.	16	168,109.
	17	Accounts payable and accrued expenses		17	14,470.		
	18	Grants payable				18	
	19	Deferred revenue		[		19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu	icer, dire itor, or 35	ctor, trustee, 5%			
Lia		controlled entity or family member of any of these per	sons	· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrelated th	•	_		23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			2,015.	25	3,622.
	26	Total liabilities. Add lines 17 through 25			2,015.	26	18,092.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		<u> </u>			
Net Assets or Fund Balance	27				104,382.	27	139,517.
Ba	28	Net assets with donor restrictions			,	28	10,500.
pd		Organizations that do not follow FASB ASC 958, che	ck here 🕨	· □ I			,
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund.			30	
1SS	31	Retained earnings, endowment, accumulated income,				31	
et./	32	Total net assets or fund balances			104,382.	32	150,017.
	33	Total liabilities and net assets/fund balances			106,397.	33	168,109.
BA/	۹ –		TEEA0111L	10/07/20		-	Form <b>990</b> (2020)

Form	990 (2020) LITERACY VOLUNTEERS - WINCHESTER AREA, 62-	13667	07	Pa	age <b>12</b>
Par	t 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	2	20,3	366.
2	Total expenses (must equal Part IX, column (A), line 25)	2			941.
3	Revenue less expenses. Subtract line 2 from line 1	3		42,4	425.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1		382.
5	Net unrealized gains (losses) on investments.	5			540.
6	Donated services and use of facilities	6		,	
7	Investment expenses	7			
8	Prior period adjustments	8		(	670.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	50,0	017.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗍
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:	ed on a			
	X         Separate 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 separa basis, consolidated basis, or both:	ite			
	Separate basis Consolidated basis Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
	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		
BAA	TEEA0112L 10/19/20		Forn	1 <b>990</b>	(2020)

		Public Charity Status and Public Support								
SCHEDULE A (Form 990 or 990-EZ)	Com	plete if the organizat	tion is a section 501(c) (1) nonexempt charita	(3) orgar	nization		2020			
		► Atta	ch to Form 990 or Form	n 99 <mark>0-E</mark> Z	<u>Z</u> .		Open to Public			
Department of the Treasury Internal Revenue Service	► (	io to www.irs.gov/Fo	Inspection							
]	INC.		INCHESTER AREA,			Employer identific 62-136670	7			
			organizations must				ctions.			
<ol> <li>A church, con</li> <li>A school desc</li> <li>A hospital or</li> <li>A medical resname, city, a</li> <li>An organizat section 170(l</li> </ol>	<ul> <li>organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entimate, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit des section 170(b)(1)(A)(iv). (Complete Part II.)</li> </ul>									
<ul> <li>7 X An organization in section 17</li> <li>8 A community</li> <li>9 An agricultura</li> </ul>	on that normally r <b>0(b)(1)(A)(vi).</b> ( trust described I research organi	eceives a substantial p Complete Part II.) in section 170(b)(1)( zation described in sec	ental unit described in seart of its support from a <b>A)(vi).</b> (Complete Part <b>tion 170(b)(1)(A)(ix)</b> oper	governm II.) rated in c	ental uni onjunctic	t or from the general pu	ege			
or university o university:	r a non-land-grai	nt college of agriculture	e (see instructions). Ente	r the nam	ne, city, a	and state of the college	or			
investment ir June 30, 197 11 An organizat 12 An organizat or more publ	ncome and unre 5. See <b>section !</b> ion organized ar ion organized ar icly supported o	lated business taxabl 509(a)(2). (Complete f nd operated exclusive nd operated exclusive roanizations describe	nan 33-1/3% of its suppoject to certain exception e income (less section Part III.) ely to test for public saf ely for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization	511 tax) ety. See perform	section the fun	usinesses acquired by <b>509(a)(4).</b> ctions of, or to carry o <b>(2).</b> See <b>section 509(a</b> )	the organization after ut the purposes of one			
b Type II. A su management	) the power to re rt IV, Sections A pporting organiz of the supporting	gularly appoint or elect <b>and B.</b> ation supervised or c organization vested in	d, or controlled by its sup a majority of the directo controlled in connection the same persons that c	ors or trus 1 with its	tees of t support	he supporting organizati ed organization(s). bv	on. You must			
	ete Part IV, Section onally integrated		ion operated in connectio	n with, ar	nd functio	onally integrated with, its	supported			
d Type III non-fu functionally in	unctionally integ ntegrated. The o	rated. A supporting org	anization operated in co must satisfy a distribution of a contract of the cont	nnection ition requ	with its s	supported organization(s	) that is not			
integrated, or f Enter the number	Type III non-fu er of supported	nctionally integrated	en determination from supporting organization	٦.			e III functionally			
(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
<u>(</u> C)										
(D)										
(E)										
Total										

#### Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA, 62-1366707

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

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	72,423.	52,017.	98,155.	107,051.	213,205.	542,851.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	72,423.	52,017.	98,155.	107,051.	213,205.	542,851.
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)						0.
	Public support. Subtract line 5 from line 4						542,851.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	72,423.	52,017.	98,155.	107,051.	213,205.	542,851.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						542,851.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20						100.00%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	0.00%
16a	<b>33-1/3% support test-2020.</b> If t and <b>stop here.</b> The organization						
b	33-1/3% support test-2019. If the and stop here. The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Explain in Part \	√I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances' f	nd-circumstances test. The organiza	test, check this b tion qualifies as a	box and <b>stop here</b> a publicly support	e. Explain in Part Ved organization	√I how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	is box and see ins	structions 🕨

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA, 62-1366707

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.)
Section A. Public Support

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
•	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line						
<u>Fac</u>	7c from line 6.)						
	• •	(2) 2016	<b>(b)</b> 2017	(2) 2019	(4) 2010	(a) 2020	
	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
	Gross income from interest, dividends,						
. ou	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).						
14	<b>First 5 years.</b> If the Form 990 is organization, check this box and						►□
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	)20 (line 8, colum	n (f), divided by li	ne 13, column (f)	)	15	0/0
16	Public support percentage from	2019 Schedule A,	Part III, line 15			16	0/0
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;			
17	Investment income percentage f	•		-			0\0
18	Investment income percentage f	irom 2019 Schedu	le A, Part III, line	17			010
19a	<b>33-1/3% support tests</b> - <b>2020.</b> If	the organization d	lid not check the t	box on line 14, ar	id line 15 is more	than 33-1/3%, and	d line 17
h	is not more than 33-1/3%, check <b>33-1/3%</b> support tests-2019. If					-	
U	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization ►
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	I see instructions.	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	TEE 00403	00/11/1/00	<b>C</b> -	Ladada A (Earna O	00 or 000 E7) 2020

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#### 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	describéd in séction 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	$\sim$ Did the exercise time that all support to such exercise time used evolutions to far eaction $170(2)(2)$			
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a 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.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	ia 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in <b>Part VI</b>.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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 <b>Part VI.</b>	9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10	a 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.	10a		
	<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

#### Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA, Part IV Supporting Organizations (continued)

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Page 5

Yes

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		L
	<b>b</b> A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 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.
- 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.*

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section 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			
	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? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in 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? <i>If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played</i>			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

# Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA,

#### 62-1366707 F

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA,

Par		upporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	IS,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required – provide		5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
	From 2018				
e	PFrom 2019				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	rm 990 or 990-EZ) 2020	LITERACY	VOLUNTEERS	- WINC	HESTER	AREA,	62-1366707	Page 8
Part VI	Supplemental Inf	formation. Pro	vide the explanat	ions requir	ed by Part	II, line 10;	Part II, line 17a or 17b; Part	
	III, line 12; Part IV, Se	ection A, lines 1, 2	2, 3b, 3c, 4b, 4c, 5	5a, 6, 9a, 9	b, 9c, 11a,	11b, and 1	1c; Part IV, Section	
	B, lines 1 and 2; Part	IV, Section C, line	e 1; Part IV, Sectio	on D, lines	2 and 3; P	art IV, Sect	ion E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V, lin	e 1; Part V, Sectio	on B, line 1e; Part	V, Sectior	D, lines 5	, 6, and 8;	and Part V, Section E,	
	lines 2, 5, and 6. Also	complete this par	rt for any additior	nal <sup>'</sup> informa	tion. (See	instructions	5.)	

SCHEDULE D Supplemental Financial Statements					OMB No.	1545-0047			
(Form 990) ► Complete			te if the organization answered 'Y	e if the organization answered 'Yes' on Form 990.					
Depai	rtment of the Treasury		5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. .gov/Form990 for instructions and the latest information.					Open to Public	
_	al Revenue Service					Employer id	Inspection dentification number		
	•	TEERS - WINCHESTER	AREA,						
INC Pai		tions Maintaining Dong	or Advised Funds or Other	Similar Funds	or Ac	62-136	6707		
r ai	Complete	if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 6.		countsi			
			(a) Donor advised fun	ds	<b>(b)</b> F	unds and	other accou	ints	
1		end of year							
2		ntributions to (during year).							
3 Aggregate value of grants from (during year)									
5	Did the organizati are the organizati	ion inform all donors and dor ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal cor	sets held in dono	r advised	l funds	Yes	No	
6	-		rs, and donor advisors in writing t of the donor or donor advisor, or						
	impermissible pri	vate benefit?				· · · · · · · · ·	Yes	No	
Pa	t II Conserva	tion Easements.					_		
			wered 'Yes' on Form 990, F						
1			y the organization (check all that						
		of land for public use (for exam	ple, recreation or education)	Preservation		5 1		area	
		natural habitat		Preservation	of a cert	ified histori	c structure		
		of open space							
2	last day of the tax		held a qualified conservation contribution	ution in the form o			End of the		
	a Total number of c	conservation easements			2a	neiù al life	End of the		
			ments.		2 b				
			fied historic structure included in		2 c				
	<b>d</b> Number of conse	rvation easements included i	n (c) acquired after 7/25/06, and	not on a historic	2 d				
3		5	nsferred, released, extinguished, or t		-	on during th	e		
4	· · ·	where property subject to conse	ervation easement is located ►						
5		1 1 5 7	garding the periodic monitoring, i	nspection handli	na of vio	lations			
5	and enforcement	of the conservation easement	nts it holds?				Yes	No	
6			inspecting, handling of violations, ar				iring the yea	ır	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and er	forcing conservation	on easem	ents during	the year		
8	Does each conser and section 170(h	rvation easement reported or )(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of sectio	n 170(h)	(4)(B)(i)	Yes	No	
9	In Part XIII, descr include, if applica conservation ease	able, the text of the footnote	ports conservation easements in it to the organization's financial stat	ts revenue and externet that desc	pense s pribes the	tatement a e organizati	nd balance on's accour	sheet, and nting for	
Pai	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or O Part IV, line 8.	ther Sir	nilar Ass	ets.		
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education al statements that describes these	, or research in fu	ment and urtherand	d balance s e of public	heet works service, pr	of art, ovide in	
I	following amounts	s relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res				t works of a provide the	art,	
	••		line 1						
~	· ·								
2			nistorical treasures, or other similar a ASC 958 relating to these items:				lowing		
			1						
			- Instructions (sy Esyme 000				ula D /Z	. 000\ 0000	
BAA	For Paperwork R	reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 08	18/20	Sched	e ע (Forn) ע	n 99 <b>0) 2020</b>	

Schedule D (Form 990) 2020 LITE	RACY VOLU	INTEERS	- WINCHE	ESTER	R AREA,	62-136		Page <b>2</b>
Part III Organizations Mainta	ining Colle	ections o	f Art, Histo	orical	Treasures, or (	Other Similar Ass	ets (contin	ued)
<b>3</b> Using the organization's acquisition items (check all that apply):	n, accession, a	nd other rea	cords, check a	ny of th	e following that mal	ke significant use of its	collection	
<b>a</b> Public exhibition			d Loan (	or exch	ange program			
b Scholarly research			e Other					
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		ions and ex	nlain how they	v further	the organization's	exempt purpose in		
Part XIII.			, ,		Ū			
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather t	ation solicit or han to be mai	receive do intained as	phations of ar	rt, histo prganiza	rical treasures, or ation's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen	ients. Co	omplete if t	the or	ganization ansv		rm 990, Pa	art IV,
<b>1 a</b> Is the organization an agent, trus						assets not included		
on Form 990, Part X?							Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII a	and comple	te the followi	ing tabl	e:	rr		
- Paginning holonoo							Amount	
c Beginning balance d Additions during the year								
e Distributions during the year								
f Ending balance.								
2 a Did the organization include an a							Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII.	Check here	e if the explar	nation ł	nas been provided	on Part XIII	<b></b>	
Part V Endowment Funds. C								<u> </u>
1 - Paginning of year balance	(a) Current	year	(b) Prior year	r	(c) Two years back	(d) Three years back	(e) Four yea	ars back
<b>1</b> a Beginning of year balance b Contributions							+	
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>q</b> End of year balance	-						-	
2 Provide the estimated percentag		nt year en	d balance (lin	ne 1g, c	olumn (a)) held as	s:		
<b>a</b> Board designated or quasi-endowm		5	8	0.				
b Permanent endowment ►	010							
c Term endowment	0/0							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.						
3a Are there endowment funds not in	the possession	of the orga	nization that a	are held	and administered f	or the		
organization by:							Yes	No
<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>							3a(i)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela							3a(ii) 3b	
4 Describe in Part XIII the intended	-		•				. SU	
Part VI Land, Buildings, and								
Complete if the organ			es' on Forr	m 990	, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property		(a) Cost or	r other basis stment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation	(d) Book v	
<b>1 a</b> Land			7					
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment					3,250.	3,250.		0.
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must eo	qual Form	990, Part X, d	column	(B), line 10c.)			0.
BAA						Sched	ule D (Form 99	90) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 LITERACY VOLUNTEER	RS - WINCHESTER	AREA,	62-1366707	Page 3
<b>Part VII</b> Investments – Other Securities.		N/A		
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(C) Method of valuatio	n: Cost or end-of-year marke	et value
<ol> <li>(1) Financial derivatives</li></ol>				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
 (H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►				
Part VIII Investments – Program Related.	Weel on Form 000	N/A Dort IV ( line 110 S	aa Farm 000 Dari	V line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation:		
			Cost of end-of-year in	iaiket value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►				
Part IX Other Assets.	N/A 'Yes' on Form 990	Part IV line 11d S	ee Form 990 Pari	X line 15
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 scription	, Part IV, line 11d. S		X, line 15 bok value
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX         Other Assets.           Complete if the organization answered           (a) Des           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	'Yes' on Form 990 scription			
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	'Yes' on Form 990 scription 3) line 15.)		(b) B	
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	bok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (10)       (c)         Total.       (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition	'Yes' on Form 990 scription 3) line 15.)		(b) Bi	
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Description         (1) Federal income taxes       (a) Description	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Destination         (1)       (a) Destination         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (2) PAYROLL LIABILITIES	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	bok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Destination         (1)       (a) Destination         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (2) PAYROLL LIABILITIES	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (d)         (4)       (c)         (5)       (c)         (6)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (d)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Description         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (d)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Bi	ok value
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (d)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         (11)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11 iption of liability	e or 11f. See Form 990, Pa	(b) Ba	ok value 3,622.
Part IX       Other Assets. Complete if the organization answered (a) Dest         (1)       (a) Dest         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities. Complete if the organization answered 'Yes' on F         1.       (a) Descrition         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       (a)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11 iption of liability	e or 11f. See Form 990, Pa	(b) Ba	ook value 3, 622.

Schedule D (Form 990) 2020 LITERACY VOLUNTEERS - WINCHESTER AREA,	62-1366707	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r <b>Return.</b> N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, 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.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
<b>4</b> 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.)	5	
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 - FASB ASC 740 FOOTNOTE

UNCERTAIN TAX POSITIONS - AS OF JUNE 30, 2021, LVWA HAS NO UNCERTAIN TAX POSITIONS

THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

TAX YEARS SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES ARE THE YEARS ENDED JUNE

30, 2018 THROUGH 2020.

Schedule D (Form 990) 2020

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LITERACY VOLUNTEERS - WINCHESTER AREA,	Employer identification number
INC.	62-1366707

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY OF THE 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD FOR REVIEW BEFORE

FINAL COMPLETION AND FILING.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH YEAR BOARD MEMBERS MUST SUBMIT A SIGNED DOCUMENT CERTIFYING THAT THERE DOES NOT

EXIST ANY SUCH CONFLICTS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

SUCH GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.