Form	99	0
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_	m 9	90	1									Ĩ	OMB No.	1545-0047	
For	m J							pt From					20	20	
Depa	artmen mal Re	t of the Treasury venue Service	Under	► Do not	enter social sec	urity number	rs on this	evenue Code (ex form as it may b s and the late	be made	public.				o Public ection	
A		he 2020 calenda	ar year, or t			01		, 2020, and e		6/3			, 20 202	1	_
В	Check	if applicable:	0			-					D Employ		ification nu		
	A	ddress change	ITERACY	COUNCI	L OF TYL	ER, INC	2				75-	2359	704		
	Ν	lame change	P.O. BOX	K 6662						ľ	E Telepho	one numl	ber		
	h	nitial return	YLER, 1	X 75711							(90	3) 5	33-033	30	
	F	inal return/terminated								Ī					
	A	mended return									G Gross r	receipts	\$3,	432,10	
	A	pplication pending	F Name and a	ddress of princ	pal officer: WH	ITNEY P	PATTEF	SON			a group retur			Yes 2	X No
				5662 TYI		5711			H(l	b) Are all : If "No,"	subordinates attach a list	s include . See ins	d? structions	Yes	No
I	Тах		X 501(c)(3)	501(c)	()◀ ((insert no.)	4947	(a)(1) or 52	27						
J	We		.LCOTYI		-	1			H(d	c) Group e	exemption n				
K			X Corporation	Trust	Association	Other ►		L Year of fo	ormation:	1990) M :	State of I	legal domici	le: TX	
Pa	art I	Summary			· · · ·					~					
	1	Briefly describe													
e G		IMPROVE L EFFECTS.	TTERACY	<u>IN THE</u>	TYLER A	REA AND	<u>10 1</u>	NURLASE	AWAR	ENESS	01 10		ERACI	AND 11	. <u>S</u>
nan		EFFECIS.													· — —
Ver	2	Check this box	► if th	ne organizat	ion discontin	ued its ope	erations	or disposed o	of more	than 2	5% of its	net as	sets.		· — —
ဗိ	3	Number of voti	ng member	s of the gov	erning body	(Part VI, İir	ne 1a).					3			21
ა ა	4	Number of inde										4			21
Activities & Governance	5	Total number o										5			51
ctiv	6	Total number o Total unrelated										6 7a			200 0.
٩		Net unrelated b										7a 7b			0.
	-						, .				rior Year		Cur	rent Year	
	8	Contributions a	and grants	Part VIII, lii	ne 1h)					2	,877,5	555.	3	,126,5	50.
Revenue	9	Program servic									,,				
eve	10	Investment inco									117,7			296,88	
œ	11	Other revenue									20,9			1,3	
	12	Total revenue -		-							<u>,016,2</u>		3		<u>70.</u>
	13	Grants and sim					-			1	,210,0	JU4.		973,3	54.
	14	Benefits paid to Salaries, other								1	050 (476 4	
se	15		•						_	1	,252,9	945.	L	,476,43	30.
Expenses	16a	Professional fu									_		_	_	
Å	Ŀ	Total fundraisir						68,68	34.						
	17	Other expenses	•								603,7			629,54	
	18	Total expenses								3	,066,6		3	,079,3	
	19	Revenue less e	expenses. S	Subtract line	18 from line	12					-50,4			345,43	39.
Net Assets or Fund Balances	~	Total accests (2)	and V Lie	10)						0	g of Currer			d of Year	0.0
sset 3alar	20 21	Total assets (P Total liabilities								3	,397,9		3	<u>,977,1</u>	
et A nd E	21		-						_		305,2			373,94	
_		Net assets or f		es. Subtrac	line 21 from	line 20				3	,092,7	/51.	3	,603,1	63.
_	art II	Signature													
Und com	er pena plete. [Ities of perjury, I decla Declaration of prepare	are that I have r (other than o	examined this r ficer) is based	eturn, including a on all information	ccompanying s of which prepa	schedules a arer has ar	and statements, a ly knowledge.	ind to the	best of m	y knowledge	and beli	ief, it is true	, correct, and	t
		> Mutu	ustatuso	ر						Dat					

Sian			L	Jate	
Sign Here	<u>WHITNEY PATTERSON</u>		EXEC	CUTIVE DIRE	CTOR
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid	WALTER K. WILHELMI			self-employed	P00111966
Preparer	Firm's name PROTHRO , WILL	HELMI & COMPANY, P.L.I	C.		
Use Only	Firm's address • 6855 OAK HIL	L BLVD.		Firm's EIN ► 74	-2804360
	TYLER, TX 75	703		Phone no. 903	.534.8811
May the IRS	discuss this return with the preparer	shown above? See instructions			X Yes No
					E 000 (0000)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Forn	n 990	(2020) LITERACY COUNCIL OF TYLER, INC	75-2359704	Page 2
Pa	't III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Brief	y describe the organization's mission:		
	THE	ENTITY'S EXEMPT PURPOSE IS TO IMPROVE LITERACY IN THE TYLER	AREA AND TO I	NCREASE
	AWA	RENESS OF ILLITERACY AND ITS EFFECTS.		
	<u> </u>			
2		ne organization undertake any significant program services during the year which were not listed on the p		
		990 or 990-EZ?	Ye	s X No
~		s," describe these new services on Schedule O.		
3		ne organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Ye	s X No
		s," describe these changes on Schedule O.	winner of menery word h	
4	Secti	ribe the organization's program service accomplishments for each of its three largest program ser on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatic evenue, if any, for each program service reported.	ons to others, the total	y expenses. I expenses,
4 a	a (Cod	e:) (Expenses \$ 2,761,088. including grants of \$ 973,354.) (Revenue \$)
	LIT	ERACY PROGRAM:		
	EDU	CATIONAL SERVICES WERE PROVIDED AT 16 SITES		
		1,300-1,500 STUDENTS SERVED		
		200 VOLUNTEERS		
41	o (Cod	e:) (Expenses \$ including grants of \$) (Revenue \$)
				<u> </u>
	c (Cod		Povonue é	```
40		e:) (Expenses \$ including grants of \$) (Revenue \$)
40		r program services (Describe on Schedule O.)		
		enses \$ including grants of \$) (Revenue \$)
4 e	e Total	program service expenses > 2,761,088.	_	

 Form 990 (2020)
 LITERACY COUNCIL OF TYLER, INC

 Part IV
 Checklist of Required Schedules

75-2359704	Page 3
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			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? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ä	a 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	
I	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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	
	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	
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

 Form 990 (2020)
 LITERACY COUNCIL OF TYLER, INC

 Part IV
 Checklist of Required Schedules (continued)

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	Yes	No X
23	Did the organization answer 'Yes' to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current	22		Λ
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 8	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
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	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		
	d 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
I	a 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		Х
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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of any individual described in line 28a? If Yes, complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in 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		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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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 applicable1 a10b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 -	v	
BAA	(gambling) winnings to prize winners?	1 c Form	X 990 (2020)

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Form 990 (2020) LITERACY COUNCIL OF TYLER, INC 75-23	59704	F	Page 5
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	51		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<mark>у</mark> Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	31)	
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	1	Х
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).	_		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 			Λ
-		•	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizatio solicit any contributions that were not tax deductible as charitable contributions?	n 6a	1	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	0	
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?			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		-	<u></u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			<u> </u>
Form 8282?	70	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		-	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		•	
organization have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		1	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9I	D	
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			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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	1	
Note: See the instructions for additional information the organization must report on Schedule O.			
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	141	2	
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
16 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.			

Page 6

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges c	n	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year 1 a 21 If there are material differences in voting rights among members			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	b Enter the number of voting members included on line 1a, above, who are independent 1b 21			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4				
	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		X
6	Did the organization have members or stockholders?a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		Х
	members of the governing body?	7 a		Х
I	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	
I	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		ode.)
10	- Did the experimetion have level shorters, hyperbox, expetitivity 2	10 -	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	10 a		Δ
	operations are consistent with the organization's exempt purposes?	10 b		
	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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	_		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE_SCHEDULE.0	12 c	Х	
13		13		Х
14	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?			
i	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULE.0	15a	Х	
I	b Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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
I	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 granization is presented as the programments.	10 h		
Sec	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18		D1(c)(3	3)s on	ly)
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availathe public during the tax year. SEE SCHEDULE O	ble to		
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to		

Form 990 (2020) LITERACY COUNCIL OF TYLER, INC	75-2359704	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employee	es, and					
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							
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with organization's tax year.	ı or within the						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	;), regardless of amount of						

• 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.

		(C)								
(A) Name and title	(B) Average hours	Pos thar is	s both	an of	ot che unles fficer truste	eck more is persor and a ee)	e n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	9	Officer	Key employee	Highest compensated	Farmer	the organization (W-2(1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WHITNEY PATTERSON EXECUTIVE DIREC	$\frac{40}{0}$			X				61,300.	0.	0.
(2) MATT_HORTON	1	V								
TREAS/SEC (3) SUE SAXENMEYER	0	X		X			_	0.	0.	0.
DIRECTOR	$-\frac{1}{0}$	X			-			0.	0.	0.
(4) NANCY RANGEL DIRECTOR	1	X						0.	0.	0.
(5) MICHELLE BROOKSHIRE DIRECTOR		Х						0.	0.	0.
(6) PAM LISNER DIRECTOR	<u>1_</u>	Х						0.	0.	0.
(7) JUSTIN WILCOX DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(8) MAC GRIFFITH	1							0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(9) CAROLYN HUTSON DIRECTOR	<u>1_</u> 0	Х						0.	0.	0.
(10) JUDITH GUTHRIE	1									
DIRECTOR	0	Х						0.	0.	0.
(11) MARGARET PERKINS DIRECTOR	<u>1_</u>	х						0.	0.	0.
(12) ROSS STRADER	1							0.		
PAST PRESIDENT	0	Х		Х				0.	0.	0.
(13) DAVID_IGLESIAS DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(14) J NATHAN KELLEY	1									
VP GOVERNANCE	0	Х		Х				0.	0.	0.
BAA	TEEA0	107L	10/07	/20						Form 990 (2020)

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Pa	t VII Section A. Officers, Directors, Tru	stees,	Key	Emp	oloy	/ees	s, and	d Highest Con	pensated Emp	oyees (con	tinued)
		(B)			(C)						
	(A) Name and title	Average hours per week (list any hours for	box	, unless cer and	s pers l a dir	on is l ector/t		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated an of other compensation the organizz and relate	from
		related organiza - tions below dotted line)	dual trustee ector	100	θL π	employee Kev employee	Former Highest compensated			organizatio	
(15)	MEELA MEJIA	1_									
	DIRECTOR	0	Х					0.	0.		0.
(16)	MIKE_STARR	1						_			
	DIRECTOR	0	Х					0.	0.		0.
(17)	BECKY STEPH VP DEVELOPMENT	$-\frac{1}{0}$	X		Х			0.	0.		0.
(18)	BONNIE RAYFORD	1	Λ		Λ			0.	0.		0.
(10)	DIRECTOR		X					0.	0.		0.
(19)	ELIZABETH SHARKEY	1	Λ					0.	0.		0.
<u>(</u> /	DIRECTOR		Х					0.	0.		0.
(20)	JIM THOMPSON	1									
<u> </u>	PRESIDENT	0	Х		Х			0.	0.		0.
(21)	JESUS VERA	1									
	DIRECTOR	0	Х					0.	0.		0.
(22)	BETH_WHITNEY	1									
	DIRECTOR	0	Х					0.	0.		0.
(23)								*			
(24)											
(24)											
(25)											
<u></u> /_											
1 b	Subtotal						. ►	61,300.	0.		0.
c	Total from continuation sheets to Part VII, Section	on A					. ►	0.	0.		0.
	Total (add lines 1b and 1c)						. ►	61,300.	0.		0.
2	Total number of individuals (including but not limited	to those I	isted	above	e) wł	no rec	ceived	more than \$100,00	0 of reportable comp	ensation	
	from the organization \blacktriangleright 0										
										Yes	No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h <i>individu</i>	ee, ke <i>ial</i>	ey em	iploy	/ee, (or higl	hest compensated	employee	. 3	X
4	For any individual listed on line 1a, is the sum of	reportab	le co	mpen	sati	on ai	nd oth	er compensation	from		
	the organization and related organizations greate such individual	r than \$1	50,00	00? //	f 'Ye	s,' c	omple	te Schedule J for		4	X
5											
J	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	,' comple	ete So	chedu	ile J	for s	such p	erson		. 5	Х
	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Report compensation	sated ind sation for	epen the c	dent (alenda	cont ar ve	racto ear er	ors tha ndina v	at received more t with or within the or	nan \$100,000 of ganization's tax vear		
	(A) Name and business addr				ງ -			(B)		(C) Compensati	
		633						Description	51 501 11005	compensati	
2	Total number of independent contractors (including b	ut not lim	ited to	o thos	e lis	ted a	bove)	who received more	than		
	\$100.000 of compensation from the organization	• 0									

Form 990 (2020) LITERACY COUNCIL OF TYLER, INC

Part VIII Statement of Revenue

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	Check if Schedule O contains a response or		1		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
	1 a Federated campaigns1 a9b Membership dues1 b	5,118.			
		1,452.			
a	d Related organizations 1d				
5	e Government grants (contributions) 1 e 2,60 f All other contributions, gifts, grants, and	9,946.			
5	similar amounts not included above 1 f 38	0,034.			
5	g Noncash contributions included in lines 1a-1f	815.			
	h Total. Add lines 1a-1f	► 3,126,550.			
	2a	ss Code			
	b				
	c				
	d				
2	f All other program service revenue				
	g Total. Add lines 2a-2f	►			
	3 Investment income (including dividends, interest, a other similar amounts)	nd ► 296,885.			206 995
4		200,000.			296,885
5	5 Royalties				
e	6a Gross rents 6a	Personal			
ľ	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
7	a Gross amount from	Other			
	other than inventory 7a b Less: cost or other basis				
	and sales expenses 7b				
	c Gain or (loss) 7c d Net gain or (loss)				
	d Net gain or (loss)				
ſ	(not including \$ 41,452.				
	of contributions reported on line 1c).				
		7,338.			
	c Net income or (loss) from fundraising events	7,338.			
9	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses9bc Net income or (loss) from gaming activities				
14	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	0 a Gross sales of inventory, less 10 a				
	b Less: cost of goods sold 10b				
+	c Net income or (loss) from sales of inventory Busine	ss Code			
¹¹ ,					1,245
	Ia MISCELLANEOUS 90009 b BOOK SALES 90009 c				90
	c				
5	d All other revenue	▶ 1.005			
1	C IVIAI. MUU IIIICS II d-II U	▶ <u>1,335</u> . ▶ 3,424,770.	0.	0.	298,220

	t IX Statement of Functional Expen				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a	response or note to any	line in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	973,354.	973,354.		
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 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	61,300.	45,975.	12,260.	3,065.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,310,974.	1,108,754.	169,245.	32,975.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits				
10	Payroll taxes	104,156.	87,432.	13,910.	2,814.
	Fees for services (nonemployees):				
	a Management				
	c Legal	20 400		20,400	
	Lobbying.	28,400.		28,400.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				0.5.0
	Advertising and promotion	37,353.	36,503.	15 200	850.
13 14	Office expenses Information technology	15,396.		15,396.	
14	Royalties	•			
16	Occupancy				
17	Travel.	1,415.	1,415.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,415.	1,413.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 405	1 405		
22 23	Depreciation, depletion, and amortization	1,425.	1,425.		
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	21,035.	21,035.		
2	SUBCONTRACTING	354,667.	354,667.		
	P INSTRUCTIONAL_SUPPLIES	74,580.	74,580.		
	RENT	33,000.	27,183.	5,817.	
	EQUIPMENT RENT & MAINTENANCE	13,412.	11,650.	673.	1,089.
	All other expenses.	48,864.	17,115.	3,858.	27,891.
	Total functional expenses. Add lines 1 through 24e	3,079,331.	2,761,088.	249,559.	68,684.
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)				
BAA		TEE 001101 10			Form 990 (2020)

Form 990 (2020) LITERACY COUNCIL OF TYLER, INC Part X Balance Sheet

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to	any line in this Part X			
		· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		368,658.	1	260,036
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		56,540.	3	241,572
	4	Accounts receivable, net		79,146.	4	79,146
	5	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		5		
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		-	9	13,294
AS		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		,		107291
		Less: accumulated depreciation.			10 c	4,274
		Investments – publicly traded securities	· · · · · · · · · · · · · · · · · · ·		11	1,2/1
	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	2,877,566.	15	3,378,786	
	16	Total assets. Add lines 1 through 15 (must equal line		3,397,964.	16	3,977,108
	10	-		3,331,304.		5,511,100
	17	Accounts payable and accrued expenses		29,441.	17	91,514
	18	Grants payable			18	,
	19	Deferred revenue		28,033.	19	35,431
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part I			21	
Labilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, director, trustee, utor, or 35% rsons		22	
	23	Secured mortgages and notes payable to unrelated th			23	
	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	•	247,739.	25	247,000
	26	Total liabilities. Add lines 17 through 25.			26	373,945
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		30072131		5757515
a	27			1,008,271.	27	1,599,975
Da Da	28	Net assets with donor restrictions		2,084,480.	28	2,003,188
Net Assets of Fund balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.				
0	29	Capital stock or trust principal, or current funds			29	
2	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>	30	
ŝ	31	Retained earnings, endowment, accumulated income,			31	
ž	32	Total net assets or fund balances		3,092,751.	32	3,603,163
Ne:	33	Total liabilities and net assets/fund balances		3,397,964.	33	3,977,108
SA/			TEEA0111L 10/07/20	5,391,904.	55	Form 990 (2020

Forn	1 990 (2020) LITERACY COUNCIL OF TYLER, INC 75-2	2359704		Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	24,7	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,0	79,3	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	45,4	139.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	3,0	92,7	/51.
5	Net unrealized gains (losses) on investments.	5	2	02,0)54.
6	Donated services and use of facilities	6		-8	315.
7	Investment expenses	7	-	36,2	266.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	0.0	00 1	6.0
Der	column (B))	10	3,6	03,1	.63.
Pai	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 reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e			
	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
38	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	
ł	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		3 b	Х	
BAA					(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ

Open to Public
Increation

OMB No. 1545-0047

2020

Department of the Internal Revenue	e Treasury Service	► (to to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name of the orga	nization						Employer identification	ation number
		IL OF TYLE					75-235970	
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Ě				(For lines 1 through 12,		-	,	
	/		,	hurches described in sec			(i).	
				Schedule E (Form 990 o				
	•	•		nization described in se				
	nedical res ne, city, ar	-	tion operated in conj	unction with a hospital	describe	ed in sec	ction 170(b)(1)(A)(iii). E	inter the hospital's
5 An	organizati	on operated for	the benefit of a colle mplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit de	escribed in
6 A fe	ederal, sta	te, or local gov	ernment or governme	ental unit described in s	section 7	1 70(b)(1)(A)(v).	
7 X An o in s	organizatio section 170	n that normally r D(b)(1)(A)(vi).(receives a substantial (Complete Part II.)	part of its support from a	governm	iental un	it or from the general pu	blic described
8 A co	ommunity	trust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
or u		r a non-land-grai		ction 170(b)(1)(A)(ix) open e (see instructions). Ente				
fron inve	n activities estment in	on that normall s related to its c come and unre	y receives (1) more t exempt functions, sul	han 33-1/3% of its sup bject to certain exception le income (less section	ons; and	(2) no I	more than 33-1/3% of i	ts support from gross
11 An	organizati	on organized a	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).	
12 An or n	organizati nore publi s 12a thro	on organized a cly supported o ugh 12d that de	nd operated exclusive organizations describe escribes the type of s	ely for the benefit of, to ed in section 509(a)(1) supporting organization	perform or sectio and con	n the fur on 509(a nplete li	nctions of, or to carry o)(2). See section 509(a nes 12e, 12f, and 12g.	ut the purposes of one)(3). Check the box in
a Type	e I. A supp anization(s)	orting organizati) the power to re t IV, Sections /	on operated, supervise gularly appoint or elec	ed, or controlled by its su t a majority of the directo	pported o ors or true	organizat stees of	ion(s), typically by giving the supporting organizati) the supported on. You must
mar	nagement c	porting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	n with its control or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You
с Тур	e III functio	onally integrated	A supporting organiza	tion operated in connection plete Part IV, Sections	n with, a	nd functi	onally integrated with, its	supported
d Typ	e III non-fu	nctionally integ tegrated. The o	rated. A supporting or	ganization operated in co y must satisfy a distribution of the contract of the	nnection ution rea			
e Che	eck this bo	x if the organiz	ation received a writt	ten determination from supporting organization	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally
			n about the supporte					
(i) Name of	f supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your o	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
<u>(B)</u>								
(C)								
(D)								
(E)								

Total

Schedule	A (Forr	n 990	or 990	-EZ)	2020	LIT	'ERACY	C	COUNCIL	OF	TYLER,	INC	

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

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,773,982.	2,776,350.	2,943,654.	2,877,555.	3,126,550.	13,498,091.
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	1,773,982.	2,776,350.	2,943,654.	2,877,555.	3,126,550.	13,498,091.
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.
6	Public support. Subtract line 5 from line 4						13,498,091.
Sec	tion B. Total Support					•	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,773,982.	2,776,350.	2,943,654.	2,877,555.	3,126,550.	13,498,091.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,401.	78,911.	62,045.	76,048.	296,885.	562,290.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		X	· · ·			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE TART VI	15,849.	8,387.	7,774.	20,976.	1,335.	54,321.
	Total support. Add lines 7 through 10						14,114,702.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	37,306.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization of the stop here	on's first, second,	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	► 🔲
	tion C. Computation of Pu						
	Public support percentage for 20						95.63%
	Public support percentage from					· · · · · ·	97.05%
16a	33-1/3% support test — 2020. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, chec	< this box · · · · · · · · ► X
b	33-1/3% support test-2019. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this l ation qualifies as	box and stop here a publicly support	Explain in Part ed organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions 🕨
BAA					Sc	hedule A (Earm 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

75-2359704

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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services 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 Amounts included on lines 1, 2, and 3 received from disqualified persons				\bigcirc		
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 7c from line 6.)						
Sec	tion B. Total Support	<u>.</u>					
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	C					
-	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					E E E E E E E E E E	
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)	• • •
-	tion C. Computation of Pu						
	Public support percentage for 20						00
-	Public support percentage from					16	010
	tion D. Computation of Inv		-			rr	
17	Investment income percentage f						00
18	Investment income percentage f						00
	33-1/3% support tests—2020. If is not more than 33-1/3%, check	<pre>< this box and stop</pre>	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	トー・・・・・・ ト
	33-1/3% support tests — 2019. If f line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	ne 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	see instructions	▶

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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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
	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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	_		
	accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 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 Part VI.</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? <i>If Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	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 Part VI .	9a		
	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.	1 0 a		
	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		

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Part IV	Supporting Organizations (continued)			
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, governing body of a supported organization?	11a		
b A fai	mily member of a person described in line 11a above?	11b		
c A 359	% 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

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).

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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described 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? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	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.

instructions).							
	Yes	No					
2a							
2b							
3a							
3b							
0(2020					

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Yes

Yes

No

1

2

1

No

Schedule A (Form 990 or 990-E	Z) 2020	LITERACY	COUNCIL O	F TYLER,	INC
	-				-

	~	_	c
Рa	ae	Э.	6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	g trust on No zations mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See 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 gro income or for management, conservation, or maintenance of property held for production of income (see instructions)	oss 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 s tax year or assets held for part of year):	short		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	v integrated	Type III supporting or	appization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued	d)	· · ·
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu		1		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,	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	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	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				
ć	From 2015				
I	P From 2016				
	: From 2017				
	From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
9	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
á	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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 Part VI</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:				
ć	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
(Excess from 2019				
	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

Part VI

NATURE AND SOURCE		2020		2019		2018		2017		2016
BOOK SALES REVENUE OTHER TOTAL	\$ \$	90. <u>1,245.</u> 1,335.	\$ \$	7,682. <u>13,294.</u> 20,976.	\$ \$	4,354. 3,420. 7,774.	\$ \$	5,393. 2,994. 8,387.	\$ \$	9,121. 6,728. 15,849.

ADDITIONAL SUPPLEMENTAL INFORMATION

DUE TO A CHANGE IN ACCOUNTING PERIOD, A SHORT-YEAR RETURN WAS FILED COVERING THE

PERIOD FROM JANUARY 1, 2018 TO JUNE 30, 2018.

THE AMOUNTS FROM THE SHORT-YEAR RETURN HAVE BEEN INCLUDED IN THE AMOUNTS IN THE

COLUMN FOR 2017.

Schedule B

or 990-PF)

(Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

2020

•	Attach to	Form 99), Form	99 0-EZ ,	or Form	99 0- PF.
G	io to www.	.irs.gov/F	orm990) for the	latest inf	ormation.

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number					
LITERACY COUNCIL OF TYLER, INC	75-2359704					
Drganization type (check one):						

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1 1	Page 2
Name of organization	Employer identification number	
LITERACY COUNCIL OF TYLER, INC	75-2359704	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u>	UNITED WAY	\$ <u>95,118.</u>	Person X Payroll X Noncash
(a) No.	TYLER, TX 75703 (b) Name, address, and ZIP + 4	(c) Total	(Complete Part II for noncash contributions.) (d) Type of contribution
No.	Name, address, and ZIP + 4	Lotal contributions	
2	AEL - GRANT (D.O.E.)	-	Person X Payroll
	400 MARYLAND AVE. SW	\$1,196,298.	Noncash
	WASHINGTON, DC_20202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EL CIVICS - GRANT (D.O.E.) 400 MARYLAND AVE. SW	\$ <u>103,706.</u>	Person X Payroll Noncash
	WASHINGTON, DC 20202	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 3
Name of organization	Employer ider	ntification nu	umber
LITERACY COUNCIL OF TYLER, INC	75-2359	704	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 s	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		^{\$}	

	3 (Form 990, 990-EZ, or 990-PF) (2020)		<u>1 1</u> Page 4
Name of organ	nization CY COUNCIL OF TYLER, INC		Employer identification number 75-2359704
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contributor ompleting Part III, enter the total of (Enter this information once. See in	tions described in section 501(c)(7), (8), Complete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	N/A		
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	 		
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		2	· +
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			· +
		(e) Transfer of gift	I
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)	► Complete	Supplemental Financial Statements ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
Department of the Treasury Internal Revenue Service	► Go to www.irs.ge	Attach to Form 990. bv/Form990 for instructions and the lates	t information		
	TI OF WILLD INC				
	IL OF TYLER, INC				
Part I Organiza Complete	tions Maintaining Donor if the organization answe	Advised Funds or Other Similar Fered 'Yes' on Form 990, Part IV, li	runds or A ne 6.		
		(a) Donor advised funds	(b		
1 Total number at e	end of year				

OMB No. 1545-0047

	Open to Public Inspection
Employer i	dentification number

LII	TERACY COUNCIL OF TYLER, INC		75-2359704
Par	t Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answ	vered 'Yes' on Form 990, Part IV, line	
	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	or advisors in writing that the assets held in do organization's exclusive legal control?	nor advised funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	s can be used only purpose conferring
Par	t II Conservation Easements.		
		wered 'Yes' on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (for examp	ole, recreation or education)	on of a historically important land area
	Protection of natural habitat	Preservatio	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribution in the form	
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	c Number of conservation easements on a certif		
(5		2d
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terminated by th	e organization during the
4	Number of states where property subject to conse		_
5		garding the periodic monitoring, inspection, han	
~		its it holds? nspecting, handling of violations, and enforcing cor	
6	Stall and volunteer hours devoted to monitoring, I		iservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ►\$	cting, handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
9		orts conservation easements in its revenue and o the organization's financial statements that de	
Par	t III Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 8.
1;	a If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education, or research in	atement and balance sheet works of art, n furtherance of public service, provide in
I	following amounts relating to these items:	or public exhibition, education, or research in further	rance of public service, provide the
		line 1	
	(ii) Assets included in Form 990, Part X \ldots		▶\$
	If the organization received or held works of art, h amounts required to be reported under FASB	ASC 958 relating to these items:	
	a Revenue included on Form 990, Part VIII, line		
I	Assets included in Form 990, Part X		▶\$

BA	A For Paperwork	Reduction	Act Notice.	see the	Instructions	for Form	990.
		nouuonon	/,	200 010	11150 400015		

Schedule D (Form 990) 2020

TEEA3301L 08/18/20

Schedule D (Form 990) 2020 LITER	RACY COUNCIL	OF TYLER, I	ENC		75-2359	704	Page 2
Part III Organizations Maintai	ning Collections	s of Art, Histo	orical Tre	asures, or O	ther Similar Asse	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check ar	ny of the fo	llowing that make	e significant use of its c	ollection	
a Public exhibition		d Loan d	or exchang	le program			
b Scholarly research		e Other					
c Preservation for future generation							
4 Provide a description of the organiz Part XIII.				-			
5 During the year, did the organization be sold to raise funds rather the	tion solicit or receive	e donations of art	t, historical	l treasures, or o	other similar assets	Yes	No
Part IV Escrow and Custodia							
line 9, or reported an a	amount on Form	990, Part X,	line 21.				arc rv,
1 a Is the organization an agent, trus	too custodian or oth	ar intermediary	for contribu	utions or other :	assats not included		
on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	ng table:				
					ļ A	Amount	
c Beginning balance					1 c		
d Additions during the year							
e Distributions during the year							
f Ending balance					1f		
2 a Did the organization include an a					-	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check I	here if the explan	nation has	been provided o	on Part XIII		
			and a second second		000 Dart IV Lin	- 10	
Part V Endowment Funds. C				Two years back			ara haak
1 a Beginning of year balance	(a) Current year 2, 410, 897.	(b) Prior year 2,287,0		2,049,464.	(d) Three years back 2,001,517.	(e) Four ye	7,520.
b Contributions	91,757.	40,6		<u>88,104.</u>	65,239.		3,715.
	91,131.	40,0	14.	00,104.	05,259.		5,115.
c Net investment earnings, gains, and losses	498,493.	115,7	91	180,036.	-2,466.	261	1,977.
d Grants or scholarships				,	_,		
e Other expenditures for facilities							
and programs			Ť		0.		
f Administrative expenses	36,266.	32,5		30,569.			6,695.
g End of year balance	2,964,881.	2,410,8		2,287,035.		2,001	1,517.
2 Provide the estimated percentage			e 1g, colur	mn (a)) held as:			
a Board designated or quasi-endowme		<u>5.00</u> %					
b Permanent endowment ►	54.00 %						
c Term endowment ►		20/					
The percentages on lines 2a, 2b, ar							
3a Are there endowment funds not in the organization by:	he possession of the o	organization that a	are held and	administered fo	r the	Yes	No
(i) Unrelated organizations						3a(i) X	
(ii) Related organizations						3a(ii)	X
b If 'Yes' on line 3a(ii), are the rela						3b	
4 Describe in Part XIII the intended	-	•				55	
Part VI Land, Buildings, and					****		
Complete if the organi		'Yes' on Forr	n 990. P	art IV. line 1	1a. See Form 990). Part X.	line 10.
Description of property		t or other basis		t or other	(c) Accumulated	(d) Book	
Description of property	(a) 005 (ir	ivestment)	basis	(other)	depreciation		value
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment				86,271.	81,997.		4,274.
e Other				200.	200.		0.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, c	column (B)	, line 10c.)			4,274.
BAA					Schedu	le D (Form 9	90) 2020

Part VII		Other Securities.		N/A	
), Part IV, line 11b. See Form 9	
(a) Descr	iption of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
• •					
	held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
<u>()</u>					
		90, Part X, column (B) line 12.) 🕨			
Part VIII	Investments –	Program Related.	Ves' on Form 990	N/A), Part IV, line 11c. See Form 9	90 Part X line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
(1)		investment			or year market value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
<u>``</u>	n (b) must equal Form 9	90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	•			
	Complete if the), Part IV, line 11d. See Form 9	
(1) DEM			scription		(b) Book value
		REST IN CLAT REST-ET COMM FD ASS			413,905.
	EFICIAL INIE	RESI-EI COMM PD AS:	5E15		2,964,881.
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col			B) line 15.)	►	3,378,786.
Part X	Other Liabilitie	es.			
	Complete if the org			1e or 11f. See Form 990, Part X, line 25.	
1.	al incomo toxoo	(a) Descr	iption of liability		(b) Book value
(1) Feder (2) PPP	ral income taxes				247 000
(3)	LUAN				247,000.
(4)					
(5)					· · · · · · · · · · · · · · · · · · ·
(6)					· · · · · · · · · · · · · · · · · · ·
(7)					
(8)					
(9)					
(10)					
(11)					
	17 1	90, Part X, column (B) line 25.)			247,000.
2. Liability for	uncertain tax nositions	In Part XIII provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization's	liability for uncertain

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

Schedule D (Form 990) 2020 LITERACY COUNCIL OF TYLER, INC 75	5-2359704	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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 3	3,720,116.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
c Recoveries of prior year grants 2 c d Other (Describe in Part XIII.) SEE PART XIII 2 d		
e Add lines 2a through 2d.	2 e	331,612.
3 Subtract line 2e from line 1	3 3	3,388,504.
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 36, 266.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	36,266.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3	3,424,770.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 3	3,209,704.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments 2 b		
c Other losses		
d Other (Describe in Part XIII.) SEE PART XIII 8,153.		
e Add lines 2a through 2d.	2 e	130,373.
3 Subtract line 2e from line 1	3 3	3,079,331.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990 Part I, line 18.</i>).	5	3,079,331.
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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE INTENT OF THE ENDOWMENT FUND IS TO PROVIDE FINANCIAL SUPPORT TO FURTHER ADULT

EDUCATION PROGRAMS.

PART X - FASB ASC 740 FOOTNOTE

THE ACTIVITIES OF THE ORGANIZATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION BELIEVES IT HAS FILED ALL TAX REPORTS AND HAS NO UNCERTAIN TAX

BAA

Schedule D (Form 990) 2020

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

POSITIONS. THE YEARS 2017 TO 2020 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CASH DONATIONS TO FUND	SPECIAL	EVENTS	\$ 7,338.
		TOTAL	\$ 7,338.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSE SPECIAL EVENTS IN-KIND.	\$ 7,338. 815. 8,153.

	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Acti	vities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complet	organizatior	n entered m	ore than \$15	orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6a	, or 19, or a.	if the	2020
Department of the Treasury Internal Revenue Service	► Ge				or Form 990-EZ. ructions and the latest	informa		Open to Public Inspection
Name of the organization		TNC					Employer identifica 75-235970	
LITERACY COUNC			ation answ	ered 'Yes' o	on Form 990, Part IV, line	e 17.	15-255910	4
Fart Form 990-E	Z filers are not rea	quired to comp	lete this p	oart.				
a Mail solicitation	-	aised funds thr	ougn any	of the foll	owing activities. Check			
	email solicitations			f	Solicitation of gove	0	0	
c Phone solicita				g	Special fundraising		5	
d In-person sol	icitations							
2 a Did the organizatio	n have a written or	oral agreement	with any i	ndividual (i	including officers, directo	rs, truste	es, or key	Yes X No
1 5	0 highest paid ind	ividuals or enti	ties (fund		rofessional fundraising ursuant to agreements u			
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6			D					
7								
8								
9								
10								
	nich the organizatio				ontributions or has been	notified i	t is exempt from	0. registration

Schedule G (Form 990 or 990-EZ) 2020	LITERACY	COUNCIL	OF	TYLER,	INC
--------------------------------------	----------	---------	----	--------	-----

75-2359704 Page **2**

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Ð			(a) Event #1 <u>SPELLING BEE</u> (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	48,790.			48,790.
ц	2	Less: Contributions	41,452.			41,452.
	3	Gross income (line 1 minus line 2)	7,338.			7,338.
	4	Cash prizes.				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ect E	8	Entertainment				
Ē	9	Other direct expenses	7,338.			7,338.
	10	Direct expense summary. Add lines 4 thr			•	7,338.
	11	Net income summary. Subtract line 10 fr				
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes [%] No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	►	
	i Is th	er the state(s) in which the organization concerned organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		re any of the organization's gaming license 'es,' explain:		or terminated during th		

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 LITERACY COUNCIL OF TYLER, INC 7	5-235	9704	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility.			olo
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records			010
	Name ►			
	Address ►			
	 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and t of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 			No
	Name ►			1
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		—	—
	state gaming license?		Yes	No
	organization's own exempt activities during the tax year	uic		
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns ıy addit	(iii) and (ional	v);
	▼			

SCHEDULE I		G	rants and Ot	her Assistance	to Organization	15.		OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	Complete if the organization answered Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.								
Name of the organization				0			Employer identifie	cation number	
LITERACY COUNCI	L OF TYLER,	INC					75-235970)4	
Part I General Inf			ance						
1 Does the organization the selection criter	on maintain records t ia used to award th	to substantiate the am ne grants or assistan	ount of the grants o	r assistance, the grantees	' eligibility for the grants	or assistance, and		X Yes No	
2 Describe in Part IV I	he organization's pr	ocedures for monitorin	g the use of grant fu	unds in the United States.		SEE F	PART IV		
Part II Grants and Form 990, F				and Domestic Gov more than \$5,000.					
1 (a) Name and address or govern	ss of organization Iment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) ANGELINA COLLEGE 3500 SOUTH FIRST LUFKIN, TX 75904	STREET			12,550.	0.			EDUCATIONAL PASS-THROUGH GRANT	
(2) KILGORE COLLEGE 1100 BROADWAY KILGORE, TX 7566	2			647,490.	0.			EDUCATIONAL PASS-THROUGH GRANT	
(3) TRINITY VALLEY C 100 CARDINAL DR ATHENS, TX 75751				22,933.	0.			EDUCATIONAL PASS-THROUGH GRANT	
(4) PANOLA COLLEGE 1109 W PANOLA CARTHAGE, TX 756	33			217,997.	0.			EDUCATIONAL PASS-THROUGH GRANT	
(5) NORTHEAST TEXAS 2886 FM 1735 CHA MT PLEASANT, TX	COMM. COLLEGE PEL HILL RD			71,156.	0.			EDUCATIONAL PASS-THROUGH GRANT	
(6)									
(7)									
<u>(8)</u>	·								
	of other organizat	ions listed in the line	1 table	in the line 1 table				5 0 1 Jule I (Form 990) 2020	

75-2359704

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE LITERACY COUNCIL OF TYLER IS THE FISCAL AGENT FOR PASS-THROUGH FUNDS TO SUBRECIPIENTS FOR LITERACY PROGRAMS. THE SUBRECIPIENTS HAVE APPLIED WITH THE STATE TO RECEIVE GRANT FUNDS, WHICH ARE DISTRIBUTED BY THE LITERACY COUNCIL. ON A MONTHLY BASIS, THE SUBRECIPIENTS SUBMIT REIMBURSEMENT REQUESTS TO THE LITERACY COUNCIL, WHO APPROVES AND AUTHORIZES THE EXPENDITURES THE LITERACY COUNCIL SUBMITS ALL EXPENSES TO THE STATE FOR APPROVAL AND REIMBURSEMENT. WHEN THE STATE REIMBURSES THE EXPENSES, THEY REMIT A CHECK TO THE LITERACY COUNCIL WHO THEN PASSES THE FUNDS THROUGH TO THE RESPECTIVE SUBRECIPIENTS.

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

LITERACY COUNCIL OF TYLER, INC

75-2359704

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

2020

THE TOTAL AMOUNT OF SUBRECIPIENT PASS-THROUGH WAS \$973,354. THIS AMOUNT IS ALSO INCLUDED IN GRANTS UNDER THE SUPPORT AND REVENUE SECTION OF THE STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30,2021.



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

OMB No. 1545-0047	
2020	

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITERACY COUNCIL OF TYLER, INC

Employer identification number

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

A DRAFT OF THE RETURN WAS PROVIDED TO THE BOARD FOR APPROVAL. THE BOARD APPROVED THE 990.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH

THEIR CONFLICT OF INTEREST POLICY BY REVIEWING THE POLICY AT BOARD MEETINGS. ANY

POTENTIAL CONFLICTS ARE DISCUSSED AND HANDLED AS THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON AN ANNUAL EVALUATION PROCESS UNDERTAKEN BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND THE BOARD. THE PROCESS INCLUDES AN EVALUATION OF THE PERFORMANCE IN KEY AREAS AS COMPARED TO THE EXPECTED PERFORMANCE FOR THE POSITION AND ATTAINMENT OF ESTABLISHED GOALS. THE EXECUTIVE DIRECTOR EVALUATES OTHER KEY STAFF.

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

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.