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Activities & Governance

Revenue

Expenses

Assets or 1 Balancos

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2010

eturn of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 7/01 2009, and ending 6/30 . 2010 D Employer Identification Number Check if applicable Please use IRS label Literacy West NY, Inc. 22-2936506 Address change or print or type. See 5455 Route 19 North E Telephone number Name change Belmont, NY 14813 (585) 268-5213 Initial return specific Instruc Termination tions. G Gross receipts \$ 482,272. Amended return H(a) is this a group return for affiliates F Name and address of principal officer Lisa Lee Application pending Yes No H(b) Are all affiliates included? Same As C Above Yes No If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3) < (insert no) 4947(a)(1) or 527 Website: ► www.alleganyliteracy.com H(c) Group exemption number L Year of Formation 1986 NY Form of organization X Corporation Trust Association Other > M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities. The agency is committed to assisting 1 people_in_learning_to_read_and_write_with_the_mission_of_eliminating_illiteracy__ throughout the region with various adult, family and youth programs. Check this box F I if the organization discontinued its operations or disposed of more than 25% of its assets 2 Number of voting members of the governing body (Part VI, line 1a) 3 11 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 11 5 Total number of employees (Part V, line 2a) 6 0 Total number of volunteers (estimate if necessary) 6 Ō. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 34,748 319,369. 235,801 9 Program service revenue (Part VIII, line 2g) 162,895. 8. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 270,556 482,272. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), Hine 4) 15 Salaries, other compensation, omprover perefits (Part 12, cell 16a Professional fundraising fees (Part 12, column (A), line 11eB 164,577 çolumn (A), lines 5-10) 218,028. b Total fundraising expenses (Plart 1), column (D),1112-23 391. ĊĎ Other expenses (Part IX, column (A), lines 11a-11d, 11f-244 104,767 227,520. 17 18 Total expenses Add lines 13-17 (must equal Par NX, tolumn (A) line 25) 269,344. 445,548. Revenue less expenses Subtract line @ Carr 19 1,212 36,724. **Beginning of Year** End of Year 91,045 20 Total assets (Part X, line 16) 129,160. 17,311. 40,838. 21 Total liabilities (Part X, line 26) 73,734. 22 Net assets or fund balances Subtract line 21 from line 20 88,322. Part II Signature Block and to the best of my knowledge and belief, it is any knowledge that I have this return, including accompanying schedules and statements, than officer) is based on all information of which preparer has Sign Here Signatury of offic Executive Director Lee i∕sa Type or print name and title Date Preparer's identifying number (see instructions) Check if self-employed Paid dward (). Bysiek, CPA 9/23/10 ► Preparer's Pre-20090773 signature EDWARD J BYSIEK, parer's CPA Firm's name (or Use yours if self-employed), address, and ZIP + 4 2679 BACK HINSDALE RD EIN Only ► (716) 378-9308 OLEAN, NY 14760-9704 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

TEEA0113L 12/29/09 Form 990 (2009)

OMB No 1545-0047

2009

Open to Public Inspection

)6		Pa
	rt III Statement of Program Service Accomplishments					
1						
	The agency is committed to assisting people in learning to read an					
	mission of eliminating illiteracy throughout the region with vario	us adu	lt,	fam	ily_	
	and youth programs.					
2	Did the organization undertake any significant program services during the year which were not listed on t Form 990 or 990-EZ?	ne prior	X	Yes		
			Δ	ies		
_	If 'Yes,' describe these new services on Schedule O.	~			v	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?		Yes	Ă	
_	If 'Yes,' describe these changes on Schedule O		_			
4	Describe the exempt purpose achievements for each of the organization's three largest program services land 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expension allocation:	es Se s to of	ction hers,	501(c) the tol	tal
	a (Code (Code) (Expenses \$ 375,807. including grants of \$ 270,291.) (R	evenue	ŝ	1	62,8	9
	To assist people in learning to read and write with the mission of				00/0	
	illiteracy throughout Allegany County through various adult, famil					
	programs	<u>T'_ ana</u>	100			
						•
40	c (Code:) (Expenses \$ including grants of \$) (R		\$			
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		evenue	\$ \$ \$ \$ \$ \$ \$ \$ 			
	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	evenue	- - <			

orm 990 (2009)	Literacy	West	NY,	Inc.
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	1990 (2009) Literacy West NY, Inc. 22-293650	6	F	Page
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the exampletion dependence of $(a)(2)$ or $4047(a)(1)$ (other than a private foundation)? If (Vac') complete		165	
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 			
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12/	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
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 L	17		x
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		x
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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

	990 (2009) Literacy West NY, Inc. 22-293650	6	F	age 4
Par	t IV Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	: An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х	
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		x
BAA		Form	990	(2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance		
		1
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1 a	o	Γ
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	:
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		Γ
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b	,
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b If 'Yes,' enter the name of the foreign country ►		Γ
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	7	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ı
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	;
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	ot 6b	Ţ
7 Organizations that may receive deductible contributions under section 170(c).		t
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s 7a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	75	-
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 	70	T
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		t
 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.	Ť	\dagger
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make any distribution to a donor, donor advisor, or related person?	96	+
10 Section 501(c)(7) organizations. Enter		t
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	
11 Section 501(c)(12) organizations. Enter:	1	
a Gross income from other members or shareholders [11a]		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		-

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Form 990 (2009)

Form 990 (2009) Literacy West NY, Inc.

22-2936506

Page 6

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

	Schedule O. See instructions.							
Sec	ction A. Governing Body and Management							
			Yes	No				
1a	a Enter the number of voting members of the governing body 1a 11							
ŀ	b Enter the number of voting members that are independent 1b 13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its organizational documents	4		X				
since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х				
6	Does the organization have members or stockholders?	6		Х				
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		x				
ł	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by							
0	the following.							
ā	a The governing body?	8a	Х					
ł	b Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director or 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 in Schedule Q	9		х				
	ction B. Policies (This Section B requests information about policies not required by the Internal							
Reve	enue Code.)							
			Yes	No				
10a	a Does the organization have local chapters, branches, or affiliates?	10a		X				
1	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х					
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O							
12a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
1	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х					
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does 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 official	15a	X					
	b Other officers of key employees of the organization	15b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16;	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х				
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Sec	ction C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed > None							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a	vailabl	e for	oublic				

Inspection Indicate how you make these available Check all that apply.

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 - Lisa Lee 5455 Route 19 North Belmont NY 14813 (585) 268-5213

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) (c) Average Position (check all that apply)						lv)	(D) Bagastabla	(E) Reportable	(F)
iname and inte	hours per week	or director	institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Frederick_Sinclair										
Director	1							0.	0.	0
Ernie Morris										
President	1	X						0.	0.	0
Donna Perry										
Vice President	1	X						0.	0.	0
Anne Brungard	4									
Vice President	1	X					<u> </u>	0.	0.	0
Harold Lockwood										
Secretary	1	X						0.	0.	0
Barbara Gordon	-									
Director	1	X						0.	0.	0
Helen_Evans										
Director	1	X						0.	0.	0
Linda Cash	-									
Treasurer	1	X						0.	0.	0
Michele Lichy							I			
Director	1	X						0.	0.	0
Jeanne Morey										
Director	1	X					L	0.	0.	0
Lisa Lee										_
Executive Direc	40				X			57,942.	0.	0
	-									
										_·
	-						-			
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Part VII Section A. Officers, Directors, Trust	tees, M	ley	Em	nplo	ye	es,	an	<u>d Highest Con</u>	npensated Em	ployee	<u>s (coi</u>
· (A)	(B)			-	c)			(D)	(E)		(F)
Name and Title		 Individual trustee or director 		check Officer		a Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	stimated ount of oth npensation from the ganization nd related panization
						ä					
											<u>.</u>
					_	_					
1 b Total	i							57,942.	0		
2 Total number of individuals (including but not limiter from the organization ► 0	d to tho	se lu	sted	abo	ove)) wh	o re				
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3	Yes
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	han \$15	0,00	107 1	lf 'Y	'es'	сот	plet	e Schedule J for :	such	4	
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sci ction B. Independent Contractors	ompens hedule J	atioi <i>for</i>	n fro <i>suci</i>	om a h pe	any erso	unre n	elate	d organization for	services	5	
Complete this table for your five highest compensation from the organization.	ed indep	benc	lent	cor	trac	ctors	tha	t received more t	han \$100,000 of		
(A) Name and business addres	s							(B) Description of	of Services	(Compe	C) ensatio
· · · · · · · · · · · · · · · · ·											
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Form 990 (2009) Literacy West NY, Inc. Part VIII Statement of Revenue

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22-2936506

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	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
AND UTHER SMILLAR AMOUNTS	I a Federated campaignsI ab Membership dues1bc Fundraising events.1cd Related organizations1de Government grants (contributions)1e290,503.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 26,881. g Noncash contribus included in Ins 1a-1f: \$				
	h Total. Add lines 1a-1f Business Code	319,369.			
	2a Literacy initiatives 900099	162,895.	162,895.		
	c				
	f All other program service revenue				
	g Total. Add lines 2a-2f	162,895.			
:	Investment income (including dividends, interest and other similar amounts)	8.	8.		
	5 Royalties				
	(i) Real (ii) Personal 5a Gross Rents				
-	d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)				
1	Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ►				
	9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b				
1	c Net income or (loss) from gaming activities ► Da Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
1	Miscellaneous Revenue Business Code	ł	ł		1
	lab				
	d All other revenue				
	e Total. Add lines 11a-11d	1			1

Form 990 (2009) Literacy West NY, Inc. Ciston

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Part IX Statement of Functional Expense		······		·
•) and 501(c)(4) organiza			(1)
All other organizations must com			·	
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,507.	0.	45,507.	0
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.	136,328.	136,328.		
 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 				
9 Other employee benefits.				
10 Payroll taxes	36,193.	26,350.	9,843.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other	125,731.	114,546.	11,185.	
12 Advertising and promotion	825.	825.		
13 Office expenses	18,464.	18,073.		391
14 Information technology	4,853.	4,853.		
15 Royalties				
16 Occupancy		28,786.	2,200.	
 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 				
19 Conferences, conventions, and meetings	27,123.	27,123.		
20 Interest	33.		33.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,563.	4,563.		
23 Insurance	2,025.	2,025.		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Printing and Publications	10,375.	10,375.		
b Postage and Shipping	1,960.	1,960.		
c Dues and subscriptions	494.		494.	
d Miscellaneous	88.		88.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	445,548.	375,807.	69,350.	391
26 Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
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Form 990 (2009)

Form 990 (2009) Literacy West NY, Inc. Part X Balance Sheet

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Pa	<u>irt X</u>	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		377.	1	11,368.
	2	Savings and temporary cash investments.			2	
	3	Pledges and grants receivable, net		64,578.	3	84,980.
	4	Accounts receivable, net		· -	4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			-
		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7,040.	7	4,958.
ASSETS	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges		:	9	
	10 a	Land, buildings, and equipment: cost or other basis	10a 61,156.			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation	10b 53,560.	6,294.	10 c	7,596.
	11	Investments – publicly-traded securities.		12,756.	11	20,256.
	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			15	2.
		Total assets Add lines 1 through 15 (must equal line	34).	91,045.	16	129,160.
	17	Accounts payable and accrued expenses		17,311.	17	40,838.
	18	Grants payable			18	
	19	Deferred revenue	-		19	
ļ	20	Tax-exempt bond liabilities			20	
A B I	21	Escrow or custodial account liability Complete Part I			21	
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L	stees, key employees, rsons Complete Part II		22	
ES	23		and partice		22	
5	23	Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third	· · ·		23	
	24	Other liabilities Complete Part X of Schedule D	i parties		25	<u>.</u>
	26	Total liabilities. Add lines 17 through 25.	·	17,311.	26	40,838.
	20	Organizations that follow SFAS 117, check here	X and complete lines			40,000.
N E T		27 through 29 and lines 33 and 34.				
ASS	27	Unrestricted net assets		73,734.	27	88,322.
Š	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets		29		
PR		Organizations that do not follow SFAS 117, check he	ere ► 🗌 and complete			
		lines 30 through 34.				
FUND	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equip	oment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income			32	
BALANCES	33	Total net assets or fund balances		73,734.	33	88,322.
E S	34	Total liabilities and net assets/fund balances		91,045.	34	129,160.
BA	Δ			·	·	Form 990 (2009)

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Form 990 (2009)

Form 990 (2009) Literacy West NY, Inc. 22-2936506		Pa	age 12
Part XI Financial Statements and Reporting			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	<u>N</u> o
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	i	x
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a 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?	Зa		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь		

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SCHEDU	JLE A
(Form 990	or 990-EZ)

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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.

OMB No 1545-0047

2009

Open to Public Inspection

Internal			Service		Attach to	Form 990 or Form 990-E	Z. ► Se	e separa	ate instr	uctions	i.		Inspec	tion
Name o	f the	organ	lization		-						Employe	r Identificat	tion number	
		_	West									936506	-	
Part	I	Re	ason f	or Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See II	nstructi	ions	
The o	rga	nzat	ion is n	ot a pre	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1	\Box	A cł	urch, co	onventi	on of churches or ass	ociation of churches desc	cribed in	section	1 170(b)	(1)(A)(i)				
2	\Box	A so	hool de	scribed	In section 170(b)(1)(4	A)(ii). (Attach Schedule I	E)							
3	\Box	A ho	ospital o	or coope	erative hospital service	e organization described	ın secti	on 1 70(b)(1)(A)(iii).				
4		Am	edical r	esearch	i organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	4)(iii) . Er	nter the hosp	oital's
5		An d	ie, city, organiza (b)(1)(A)	ation op		of a college or university	owned	or oper	ated by	a gover	rnmenta	l unit de	scribed in se	ection
6 7	x	An d	organiza	ation that	-	governmental unit descril substantial part of its su art II.)					t or from	n the ger	neral public o	described
8	\Box					170(b)(1)(A)(vi). (Complet	te Part I	1.)						
9		from	activitie stment	es relate	d to its exempt functior	more than 33-1/3 % of its s is – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) r	io more t	han 33-	1/3 % of	its suppo	ort from gross	5
10	\square	An d	organiza	ation org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	ı 509(a)	(4).			
11		mor	e public	ly supp	orted organizations of	exclusively for the benefilescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out th 509(a)(3	he purposes i). Check the	of one or e box that
	_		Type I		b Type II	c 🗌 Type III						d 🗌	Type III– C	
е		than	:hecking i founda (a)(2)	this bo ition ma	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led directupportect	tly or in d organii	directly zations of	by one describe	or more ed in see	disquali ction 509	ified person 9(a)(1) or see	s other ction
f			e organ ck this b		received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,	
g		Sind	e Augu	st 17, 2	006, has the organiza	tion accepted any gift of	r contrib	oution fro	om any o	of the fo	ollowing	persons	?	
		(i)	a pers below	son who , the go	directly or indirectly verning body of the s	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (m)	11g(i)	Yes No
		(ii)	a fami	ly mem	ber of a person desc	ribed in (i) above?							11 g (ii)	
		(iii)	a 35%	contro	lled entity of a persor	i described in (i) or (ii) al	bove?						11 g (iii)	
h		Prov	/ide the	followi	ng information about t	he supported organization	ns.				_			
	(i)		e of Suppo ganization		(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the tion in cot d in your erning ment?	the organ	(i) of	organizat	s the ion in col zed in the S ?	(vii) Amount	of Support
							Yes	No	Yes	No	Yes	No		
	-				·									
				•	· · · · · · · · · · · · · · · · · · ·									
	_													
												<u>├</u>		
Total														
	For	Priva	cy Act an	d Paperv	vork Reduction Act Notice	, see the Instructions for Form	1 990 or 99	90-EZ.	I	<u> </u>	Schedule	A (Forr	m 990 or 990)-EZ) 2009

Schedule A	(Form 990 or 990-EZ) 2009	Literacy	West	NY,	Inc.

22-2936506 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) Section A. Public Support

Calendar year (or fiscal year (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total beginning in) 🕨 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 1 34,748 756,604. 266,361 79,289 79,034 297,172 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge. 756,604. 266,361 79,289 79,034 34,748. 297,172. Total. Add lines 1-through 3 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 756,604. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 266,361 79,289 34,748. 297,172 756,604. 79,034 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 1,120 7 8 540 442 2,117. similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 758,721. 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 99.7% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.5% 15 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box **b** 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 BAA

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990 EZ) 2009 Literacy West NY, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

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Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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	h			1		,
	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)
							►
_	tion C. Computation of Pul		H	10			
	Public support percentage for 20	-		ne 13, column (f)))	15	%
	Public support percentage from :					16	%_
	tion D. Computation of Inv						
	Investment income percentage f	=		-	ımn (f))	17	%
	Investment income percentage f					18	%
	33-1/3 support tests – 2009. If the c more than 33-1/3%, check this b	ox and stop here	. The organization	n qualifies as a pi	ublicly supported o	organization	►
D	33-1/3 support tests – 2008. If the set of the set o	this box and sto	p here. The organ	ization qualifies a	a, and line to is n as a publicly suppo	nore than 33-1/3%, orted organization	
20	Private foundation. If the organi				• • •	-	⊾⊢

Schedule A (Form 990 or 990-EZ) 2009

22-2936506

 Schedule A (Form 990 or 990-EZ) 2009
 Literacy West NY, Inc.
 22-2936506
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 Part IV
 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D	Sun	plemental Financial	Statements				
(1 0111 000)	•	ete if the organization answered	d 'Yes.' to Form 99	3 0.	L		009
Department of the Treasury Internal Revenue Service	-	Part IV, lines 6, 7, 8, 9, 10, 11 tach to Form 990. ► See separ	l, or 12.	,		Open Inspe	to Pub
Name of the organization		ach to ronn 350 See separ			Employer Iden		
Literacy West	NY, Inc.						
-			······································		22-2936		
Part I Organizat	ions Maintaining Dono	r Advised Funds or Other	r Similar Fund	s or Acc	counts Con	nplete	ıf
the organi	zation answered tes i	o Form 990, Part IV, line (a) Donor advised fu		(b)	Funds and oth	hor acco	
1 Total number at e	end of vear	(a) Donor advised it					
	butions to (during year).						
00 0	from (during year)						
4 Aggregate value							
00 0	-	nor advisors in writing that the a	assets held in don	or advised	ł		
funds are the org	janization's property, subject	to the organization's exclusive	legal control?			Yes	
6 Did the organizat	ion inform all grantees, done	ors, and donor advisors in writin	g that grant funds	may be			-
used only for cha	aritable purposes and not for ng impermissible private ben	the benefit of the donor or dono efit??	or advisor or for a	ny other		Yes	
	• · ·	ete if the organization ans	wered 'Yes' to	Form Q			
		by the organization (check all that				,	<u> </u>
<u> </u>	of land for public use (e.g.,		Preservation of	an historio	cally importan	nt land a	irea
	natural habitat		Preservation of				
	of open space	L				-	
		on held a qualified conservation	n contribution in th	ne form of	a conservatio	on ease	ment o
last day of the ta							
					Held at the	End of	the Yea
	conservation easements			2a	Held at the	End of	the Ye
b Total acreage res	stricted by conservation ease		- (-)	2b	Held at the	End of	the Ye
b Total acreage res c Number of conse	stricted by conservation ease rvation easements on a cert	ified historic structure included i	n (a)	2b 2c	Held at the	End of	the Ye
b Total acreage res c Number of conse d Number of conse	stricted by conservation ease rvation easements on a cert rvation easements included	ified historic structure included i in (c) acquired after 8/17/06		2b 2c 2d			
 b Total acreage res c Number of conse d Number of conse 3 Number of conse 	stricted by conservation ease rvation easements on a cert rvation easements included	ified historic structure included i		2b 2c 2d			· · · · · · · ·
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis	hed, or terminated	2b 2c 2d			
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 4 Number of states 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located	hed, or terminated	2b 2c 2d d by the o	rganization di		
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 4 Number of states 5 Does the organiz 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified, s where property subject to c ration have a written policy re	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located egarding the periodic monitoring	hed, or terminated	2b 2c 2d d by the o	rganization di	uring the	e tax
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 4 Number of states 5 Does the organiz and enforcement 6 Staff and volunte 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified s where property subject to c ation have a written policy ru of the conservation easeme er hours devoted to monitor	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located egarding the periodic monitoring	hed, or terminated ↓ ► I, inspection, hance	2b 2c 2d d by the o	rganization di		e tax
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 4 Number of states 5 Does the organiz and enforcement 6 Staff and volunte during the year ► 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified s where property subject to c ation have a written policy ru of the conservation easeme er hours devoted to monitor	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located egarding the periodic monitoring int it holds? ing, inspecting, and enforcing co	thed, or terminated → I, inspection, hance onservation easer	2b 2c 2d d by the o fling of vio	rganization di	uring the	e tax
 b Total acreage res c Number of conse d Number of conse 3 Number of conse year ► 4 Number of states 5 Does the organiz and enforcement 6 Staff and volunte during the year ► 	stricted by conservation ease rvation easements on a cert rvation easements included rvation easements modified where property subject to c ation have a written policy r of the conservation easeme er hours devoted to monitor isses incurred in monitoring.	ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located egarding the periodic monitoring int it holds?	thed, or terminated → I, inspection, hance onservation easer	2b 2c 2d d by the o fling of vio	rganization di	uring the	e tax
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 b Total acreage res c Number of conse d Number of conse 3 Number of conse 3 Number of conse year 4 Number of states 5 Does the organiz and enforcement 6 Staff and volunte during the year 7 Amount of expen during the year 8 Does each conse 170(h)(4)(B)(i) ar 9 In Part XIV, descri- include, if applica conservation eas Part III Organization treasures, or othing the text of the for b If the organization treasures, or othinamounts relating (i) Revenues indoing 2 If the organization amounts required 	stricted by conservation ease invation easements on a cert invation easements included invation easements modified where property subject to c ation have a written policy re- of the conservation easement ere hours devoted to monitor isses incurred in monitoring, it isses incurred in monitoring it isses incurred it isses incurred in monitoring it isses incurred it	Ified historic structure included i in (c) acquired after 8/17/06 transferred, released, extinguis onservation easement is located egarding the periodic monitoring int it holds? ing, inspecting, and enforcing con- nspecting, and enforcing conser- on line 2(d) above satisfy the rec- to the organization's financial s ections of Art, Historical T wered 'Yes' to Form 990, er SFAS 116, not to report in its plic exhibition, education, or res- ients that describes these items. er SFAS 116, to report in its revoluce exhibition, education, or rese- tor structure in the series of the series of the organization is the series art, historical treasures, or other in 116 relating to these items.	thed, or terminated , inspection, hand onservation easem vation easements quirements of sect evenue and expense tatements that des Freasures, or C Part IV, line 8. revenue statement earch in furtherand enue statement ar earch in furtherand	2b 2c 2d 2d d by the o alling of vio hents s ion e statemen scribes the Dther Sin nt and balance ce of public nd balance ce of public	rganization di plations,	Yes Yes Sheet, a orks of a porks of a porks of art, I porke the	e tax

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Schedule D (Form 990) 2009 Liter Part III Organizations Mainta				vical	Treasures of	Other	22-293 Similar Ass		ontini	Page 2
3 Using the organization's acquisit										
items (check all that apply).										
a Public exhibition				or excl	hange programs					
b Scholarly research			e 🔄 Other				-			
c Preservation for future gener					for the second second					
4 Provide a description of the orga Part XIV.				-	-			se in		
5 During the year, did the organiza assets to be sold to raise funds r								Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forn	n 990,	Complete if o Part X, line	rganı 21.	zation answer	ed Yes	s' to Form 95	90, Pa	rt IV, I	ine
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or otl	her intermediary	for co	ontributions or oth	ier asset	s not	Yes	Г	No
b If 'Yes,' explain the arrangement	in Part XIV a	nd com	plete the follow	ng tab	le:					
								Amour	t	
c Beginning balance						10				
d Additions during the year						10				
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an a	mount on For	m 990,	Part X, line 21?					Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV								<u> </u>	_
Part V Endowment Funds Co		ganiza	ation answere	ed 'Ye	es' to Form 99	0, Part	IV, line 10.	-		
	(a) Current		(b) Prior year	1	(c) Two years bacl	1	Three years back	(e)	Four year	s back
1 a Beginning of year balance							,			. <u> </u>
b Contributions										
c Net Investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage	e of the vear	end bal	ance held as	i						<u> </u>
a Board designated or quasi-endov			8							
b Permanent endowment ►			·							
c Term endowment ►										
2 - A - I la							6			
3a Are there endowment funds not a organization by.	in the possess	SION OT I	ine organization	that a	re held and admi	nisterea	for the		Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on So	hedul	e R?			3b		
4 Describe in Part XIV the intended	-									·
Part VI Investments-Land, B						line 1).			
Description of investment		(a) Cos	t or other basis ivestment)	(b)	Cost or other asis (other)	(c) Ad	cumulated	(d)	Book Va	alue
1a Land										
b Buildings						_				
c Leasehold improvements										
d Equipment				_						
e Other					61,156.		53,560.		7	,596.
Total. Add lines 1a through 1e (Colum	n (d) must en	ual For	m 990 Part X c	olum						, <u>596.</u>
BAA	n (u) musi eq	uari Uli		Juni			Sobod	ulo n /I		, <u>390.</u> 90) 2009
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Schedule D (Form 990) 2009 Literacy West N Part VII Investments-Other Securities Sec	Form 990, Part X line 12	22-2936506 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives		
Closely-held equity interests Other		
otal. (Column (b) must equal Form 990 Part X, col. (B) line 12) ►		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Part VIII Investments-Program Related (S		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.) Part IX Other Assets (See Form 990, Part	► X, line 15) N/A	· · · · · · · · · · · · · · · · · · ·
) Description	(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (l	R) line 15)	······································
Part X Other Liabilities (See Form 990, P	art X, line 25)	
(a) Description of Liability Federal Income Taxes	(b) Amount	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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Schedule D (Form 990) 2009 Literacy West NY, Inc.		22-2936	506	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statement		/A	T dgc 4
1 Total revenue (Form 990, Part VIII,column (A), line 12)				
2 Total expenses (Form 990, Part IX, column (A), line 25).				
3 Excess or (deficit) for the year Subtract line 2 from line 1		Γ		
4 Net unrealized gains (losses) on investments				
5 Donated services and use of facilities		Γ		_
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 through 8				
10 Excess or (deficit) for the year per audited financial statements Combine lines	3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	er Return	N/A	
1 Total revenue, gains, and other support per audited financial statements		1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 [.]	1 1			
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1	1 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investments expenses not included on Form 990, Part VIII, line 7b.	4a			
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b		4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	- NI / A	
Part XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses		1 N/A	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 				
 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 	2a			
	2b			
b Prior year adjustments c Other losses	20 2c			
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1		3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b		4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Part XIV Supplemental Information	/			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d information.	Part III, lines 1a and 4, Pa I and 4b Also complete th	art IV, lines 1 his part to pro	b and 2b, Pa wide any ad	art V, Iditional
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Schedule D (Form 990) 2009 Literacy West NY, Inc. Part XIV Supplemental Information (continued)

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SCHEDULE O (Form 990)	Supplemental Information to Form 990	-	OMB No 1545-0047
	Complete to provide information for responses to specific questions	on –	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or to provide any additional information. Attach to Form 990.		Open to Public Inspection
Name of the organization <u>Literacy West</u>	NY Inc	Employer identification	on number
LICEIACY West	NI, IIIC.	22 2930300	
Form 990, Par	t VI, Line 11 - Form 990 Review Process		
Form 990 wa	s provided for review to all board members prior to	submission	

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Schedule O (Form 990) 2009

Schedule O (Form 990) 2009	Page 2
	Employer identification number
Literacy West NY, Inc.	22-2936506
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SCHEDULE R		:		:		OMB No 1545-0047
(FOILI 990)	Related Org ► Complete if the organize	Related Organizations and Unrelated Partnerships Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 	Unrelated Partn Form 990, Part IV, lines	erships : 33, 34, 35, 36, or 37.		ZUUS Open to Public
Internal Revenue Service		 Attach to Form 990. 	separate instructions.			Inspection
Literacy West NY, Inc.	с.				22-2936506	incation number 0.6
Part I Identification of D	Identification of Disregarded Entities (Complete	if the organization answered 'Yes' to Form 990, Part IV, line	vered 'Yes' to Form	1 990, Part IV, line	33.)	
Name, address, and	Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) . Direct controlling entity
Part II Identification of R	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	ons (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had ring the tax year.)	ganization answere	d 'Yes' to Form 99), Part IV, line 34 b	because it had
Name, address, and I	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
 Literacy Volunteers	of Wyoming County	To help eliminate				
		illiteracy in Wyoming County,				
16-1453756		ĀN	NY	501 (c) 3		N/A
BAA For Privacy Act and Paper	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	Ë	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

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Page 2		J) ral or aging ner ²	No						
	le 34	(J) General or managing partner?	Yes -						
22-2936506	90, Part IV, lir	Code V-UBI amount in box 20 of Schedule K.1	(Form 1065)						
2	s' to Form 9	(H) Dispropor- tionate allocations?	Yes No	 		 			
	tion answered 'Yes ar.)	(G) are of end-of-year assets							
	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related organizations treated as a partnership during the tax year.)	Share of total income Share of end-of-year assets							
	Partnership (Comp ted as a partnershi	(E) Predominant income (related, unrelated, excluded from tax inder	sections 512-514)						
nc.	Taxable as a f anizations trea	(D) Direct controlling entity							
st NY, I	nizations lated orga	(C) Legal domicile (state or foreign	country)						
Literacy We	of Related Orga	(B) Primary Activity							
Schedule R (Form 990) 2009 Literacy West NY, Inc.	Part III Identification o	(A) Name, address, and EIN of related organization							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answer Inc. 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Co ed organizations	rporation or T r treated as a c	ust (Complete	if the organiz rust during the	ation answered 'Yee tax year.)	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, tions treated as a corporation or trust during the tax year.)	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Share of total income	Legal domicile Direct Direct (State or foreign controlling entity (C corp. S corp, C corp. S c	(H) Percentage ownership
BAA		TEEA5002L 02/05/10	/05/10			Schedule R (Form 990) (2009)	(6002) (066

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Schedule R (Form 990) 2009 Literacy West NY, Inc.	22-2936506	5 Page 3
Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	: 34, 35, or 36.)	•
 Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV: a Receipt of (i) interest (ii) annuities (iv) rent from a controlled entity 		Yes No 1a X
 b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) 		1 b X X
d Loans or loan guarantees to or for other organization(s)	<u>1</u> 1	
e Loans or loan guarantees by other organization(s)		1e · X
f Sale of assets to other organization(s)	. 1	JI X
g Purchase of assets from other organization(s)		
h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s)		1i X
		>
J Lease of facilities, equipment, of other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s)		× ×
I Performance of services or membership or fundraising solicitations by other organization(s)	1	
m Sharing of facilities, equipment, mailing lists, or other assets	1 1	1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses	LL.	1p X
q Other transfer of cash or property to other organization(s)		19 X V
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	· I id transaction thresholds.	
(A) Name of other organization	(B) Transaction Am type (a-r)	(C) Amount involved
(1) Literacy Volunteers of Wyoming County	c	14,035.
(2)		
(3)		
(9)		
TEEA5003L 02/05/10	Schedule R (F	Schedule R (Form 990) (2009)

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Part VI Unrelated Organizations Taxable as a Partnership		e if the organizat	ion answer	(Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)	0, Part IV	, line 37.)		٠
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ship through which t ding exclusion for c	the organization cond certain investment pa	ucted more th tnerships	an five percent of its a	ctivities (mea	asured by total asset o	ır gross	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	ll or ing sr?
			Yes No		Yes No		Yes	۶
							• <u> </u>	
							-	
			_				_	1
			-					
BAA		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	z) (066 u	(600)

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22-2936506

Schedule R (Form 990) 2009 Literacy West NY, Inc.

Literacy West NY, Inc.

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Financial Statements

June 30, 2010 and 2009

(With Independent Auditor's Report Thereon)



Literacy West New York, Inc.

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Independent Auditor's Report

Board of Directors Literacy West NY, Inc.

I have audited the accompanying statements of financial position of *Literacy West NY, Inc.* as of June 30, 2010 and 2009, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Agency's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above, present fairly, in all material respects, the financial position of *Literacy West NY, Inc.* as of June 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Cclward J. Bysiek, CPA

Olean, NY September 27, 2010

Literacy West NY, Inc. STATEMENTS OF FINANCIAL POSITION

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As of June 30,	 2010	 2009
Assets		
Current assets:		
Cash	\$ 11,368	\$ 377
Investments	20,256	12,756
Receivables	84,980	64,578
Due from Literacy Volunteers of Wyoming Co., Inc.	 4,958	7,040
Total current assets	 121,561	84,751
Furniture and equipment, cost	61,157	55,291
Less accumulated depreciation	(53,560)	(48,997)
Net furniture and equipment	 7,598	 6,294
Total assets	\$ 129,159	\$ 91,045
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	25,114	5,308
Accrued expenses	15,724	12,003
Total current liabilities	 40,837	17,311
Unrestricted net assets	88,322	73,734
Total liabilities and net assets	\$ 129,159	\$ 91,045

Literacy West NY, Inc. STATEMENTS OF ACTIVITIES

Page	3
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For the Year Ended June 30,	2010	2009
Revenue		
Program fees	\$ 162,895	\$ 235,801
Government grants	270,291	17,903
Public support	26,881	16,822
Fundraising income	62	23
Investment income	8	7
Total revenue	460,136	270,556
Expenses		
Program services	375,807	194,564
Management and general	69,350	73,503
Fundraising	391	1,276
Total expenses	445,549	269,344
Change in net assets	14,587	1,213
Net assets at beginning of year	73,734	72,522
Net assets at end of year	\$ 88,322	\$ 73,734

Literacy West NY, Inc. STATEMENTS OF FUNCTIONAL EXPENSES

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For the Year Ended June 30,	2010					2009	
	Program		Mai	nagement			
		services	and	d general	Fund-raisir	ng Total	Total
Salaries	\$	136,328	\$	45,507	\$-	\$ 181,835	\$ 137,282
Payroll taxes and employee benefits		26,350		9,843	-	36,193	27,295
Professional fees		-		11,185	-	11,185	13,712
Contracted services		13,458		-	-	13,458	12,176
Rent		22,081		-	-	22,081	20,400
Conferences and travel		27,123		-	-	27,123	20,312
Office supplies		16,473		-	39	16,864	11,481
Evaluation services and consultants		101,088		-	-	101,088	2,091
Materials and recognition		10,375		-	-	10,375	2,128
Insurance		2,025		-	-	2,025	2,059
Utilities		6,705		-	-	6,705	4,976
Telephone		4,853		-	-	4,853	5,407
Postage and printing		1,960		-	-	1,960	1,977
Advertising		825		-	-	825	350
Program development supplies		1,600		-	-	1,600	-
Depreciation		4,563		-	-	4,563	5,524
Dues and subscriptions				494		494	200
Cleaning service				2,200		2,200	1,860
Interest		-		33	-	33	115
Miscellaneous		-		88	-	88	
	\$	375,807	\$	69,350	\$ 39	91 \$ 445,549	269,344

Literacy West NY, Inc. STATEMENTS OF CASH FLOWS

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For the Year Ended June 30,	 2010	2009
Cash flows from operating activities:		
Change in net assets	\$ 14,587	\$ 1,213
Adjustments to reconcile decrease in net assets to		
net cash provided by (used in) operating activities:		
Depreciation	4,563	5,524
Realized loss on sale of investments	-	(15)
Changes in:		
Current assets	(18,319)	(21,497)
Current liabilities	 23,526	4,009
Net cash provided by (used in) operating activities	 24,358	(10,766)
Cash flows from investing activities:		
Purchases of computer equipment	(5,866)	(2,609)
Purchases of investments	 (7,500)	-
Net cash used in investing activities	 (13,366)	(2,609)
Cash flows from financing activities:		
Repayments on line of credit	-	-
Payments on short-term note payable	-	(4,696)
Net cash used in financing activities	 -	(4,696)
Net change in cash	10,991	(18,071)
Cash at beginning of year	377	18,448
Cash at end of year	\$ 11,368	\$ 377
Supplemental financial disclosures		
Amounts paid during the year for:		
Interest	\$ 33	\$ 115

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

A. <u>Nature of Activities</u>

Literacy West NY, Inc. is a not-for-profit corporation originally formed in 1986 as Literacy Volunteers of Allegany County, Inc. On December 3, 2008, the agency changed its name to *Literacy West NY, Inc.*

The agency is committed to assisting people in learning to read and write with the mission of eliminating illiteracy throughout the region with various adult, family and youth programs.

B. Basis of Accounting

The financial statements of the Agency have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

C. Basis of Presentation

The Agency follows Statement of Financial Accounting Standards (SFAS) No. 117, which requires information regarding the financial position and activities of the Agency to be reported according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. The Agency had only unrestricted net assets in 2010 and 2009.

D. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

E. Cash

For purposes of reporting cash flows, the Agency considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

F. Capitalization and Depreciation

Depreciation is recorded on long-term assets to allocate the cost of those assets to expense over their useful lives using the straight-line method. Improvements and equipment purchases over \$300 are capitalized, while expenditures for maintenance and repairs are charged to expense as incurred.

Upon disposal of depreciable property, the appropriate property accounts are reduced by the related costs and accumulated depreciation. The resulting gains and losses are reflected in the statement of activities.

Depreciation expense for the years ended June 30, 2010 and 2009 was \$4,563 and \$5,524, respectively.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES (CONTINUED)

G. <u>Revenue Recognition</u>

Grant awards accounted for as exchange transactions are recorded as revenue when expenditures have been incurred in compliance with grant compliance requirements. Amounts unspent are recorded in the statement of financial position as deferred revenue.

H. Donated Services

During the years ended June 30, 2010 and 2009, the value of contributed services meeting the requirements for recognition in the financial statements was not material and thus has not been recorded. However, many individuals volunteer their time and perform a variety of tasks that assist the Organization.

I. Promises to Give

Contributions are recognized as revenue when the donor makes an unconditional promise to give to the Organization. Contributions that are restricted by the donor are reported as increases in unrestricted net assets in the year in which the restrictions expire. Until that time, they are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

J. Expense Allocation

The costs of providing programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated between the program and supporting services activities.

K. Income Taxes

The Agency is exempt from income taxes under Section 501(c)3 of the United States Internal Revenue Code. Therefore, no provision for income taxes is reflected in the financial statements.

L. <u>Reclassifications</u>

Reclassifications have been made to certain prior year balances in order for them to conform to the current year's presentation.

NOTE 2: INVESTMENTS

Investments in securities are stated at fair value, which approximated cost at June 30, 2010 and 2009. Fair value is based on quotations obtained from national security exchanges. In accordance with the policy of carrying investments at fair value, the change in net unrealized gain or loss is included in investment income in the statements of activities.

NOTE 3: PROGRAM FEES AND GOVERNMENT GRANTS

Program fees and government grants for the years ended June 30, 2010 and 2009 amount to approximately \$433,000 and \$253,000, respectively. Under the terms of the various grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such questioned costs could lead to reimbursement to the grantor agencies. Management affirms that the agency would be able to provide adequate supporting documentation to grantors and that any disallowances would be immaterial.

NOTE 4: RECEIVABLES

Receivables at June 30, 2010 and 2009 consisted of the following:

	<u>2010</u>	<u>2009</u>
Workforce Investment Act	\$ 4,050	\$ 6,953
ACCORD Corporation	8,663	11,235
Jamestown Community College	2,300	5,625
GVCS	-	10,437
CRCS	-	6,870
Allegany County	-	6,000
LSA	24,024	4,450
Adult Literacy Education	-	11,408
NYS Education Department	23,933	-
Literacy NY	20,048	
Member Item	-	-
Other receivables	<u>1,962</u>	1,600
	\$ <u>84,980</u>	\$ <u>64,578</u>

NOTE 5: ECONOMIC DEPENDENCY

A material part of the Agency's funding is dependent upon a few grant programs; the loss of any one could have a significant adverse effect on the Agency.

NOTE 6: LEASE AGREEMENTS

The Agency currently leases office space in Belmont, NY under a lease agreement that operates on a month-by-month basis. The agreement calls for monthly lease payments of \$1,700. Total rent expense was \$22,080 and \$20,400 for the years ending June 30, 2010 and 2009, respectively.