Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).					
	ions required to file an income tax return other th			os, RE	MICs, and t	trusts must		
use Form /	004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	e tax returns	5.	Taxpa	ver identification	on number (TIN)		
Type or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	,		
print	LITERACY COUNCIL OF TYLER, IN	·C		75_	2359704			
File by the	Number, street, and room or suite number. If a P.O. box, see i			13-	2339704			
due date for	P.O. BOX 6662							
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	actions.					
instructions.	TYLER, TX 75711							
Enter the R	eturn Code for the return that this application is f	or (file a se	parate application for each return)			01		
Application Is For		Return Code	Application Is For			Return Code		
	r Form 990-EZ	01						
		03	Form 1041-A			08		
Form 4720 Form 990-P		03	Form 4720 (other than individual) Form 5227			10		
	(section 401(a) or 408(a) trust)	05	Form 6069			11		
	(trust other than above)	06	Form 8870			12		
	(corporation)	07	1 6111 567 5			12		
If the orIf this is check the	me No. ► (903) 533-0330 ganization does not have an office or place of but for a Group Return, enter the organization's found is box ►	Fax Nousiness in the	Exemption Number (GEN) . I	this is	for the wh	nole group,		
1 I reque for the	est an automatic 6-month extension of time until e organization named above. The extension is for calendar year 20 or tax year beginning	the organiz	ng <u>6/30</u> , ²⁰ <u>22</u> .	zation nal retu				
3a If this nonre	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions	6069, enter	the tentative tax, less any	3 a	\$	0.		
b If this tax pa	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit							
c Balan EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ur payment of instructions	with this form, if required, by using	3 с	\$	0.		
Caution: If payment ins	you are going to make an electronic funds withdr structions.	awal (direct	debit) with this Form 8868, see Form 8	153-TE	and Form	8879-TE for		

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

Form **8868** (Rev. 1-2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Α	For the	e 2021 calen	dar year, or tax year beginning $7/01$, 2021, and ending	6/	′30		20 2022
В	Check if	applicable:	С		D Employ	er ident	fication number
	Add	dress change	LITERACY COUNCIL OF TYLER, INC		75-	2359	704
	Nar	me change	P.O. BOX 6662		E Telepho		
	Initi	ial return	TYLER, TX 75711		(90	3) 5	33-0330
	Final	I return/terminated			(
	-	ended return			G Gross r	eceipts	\$ 3,778,058.
	Apr	olication pending	F Name and address of principal officer: WHITNEY PATTERSON	(a) Is this	a group retur		
	ш	, ,	PO BOX 6662 TYLER, TX 75711	(b) Are al	II subordinates ," attach a list	included	
ī	Tax-e	xempt status:	X 501(c)(3) 501(c) ()	IT "NO,	," attach a list	. See ins	tructions. —
J				(c) Group	exemption nu	umber >	
K	Form	of organization:	X Corporation Trust Association Other ► L Year of formation	• •			egal domicile: TX
	ırt I	Summar					<u> </u>
			be the organization's mission or most significant activities: THE ENTITY	'S EX	KEMPT P	URPO	SE IS TO
ക			LITERACY IN THE TYLER AREA AND TO INCREASE AWAI				
Š	-	EFFECTS.					
Ë				1			
Š	2 (Check this bo	ox ► if the organization discontinued its operations or disposed of mor	e than 2	25% of its		
e Se	3 1	Number of vo	oting members of the governing body (Part VI, line 1a)			3	20
Se	5		dependent voting members of the governing body (Part VI, line 1b)			4 5	20
Ħ	6		of volunteers (estimate if necessary)			6	<u>55</u> 175
Activities & Governance	7a -		ed business revenue from Part VIII, column (C), line 12			7a	0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b	0.
				F	Prior Year		Current Year
ø)			and grants (Part VIII, line 1h)	3	3,126,5	550.	3,534,098.
Revenue			vice revenue (Part VIII, line 2g)				
eve			ncome (Part VIII, column (A), lines 3, 4, and 7d)		296,8		224,669.
ш			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			35.	3,759.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,424,7		3,762,526.
			imilar amounts paid (Part IX, column (A), lines 1-3)		973,3	354.	881,950.
			to or for members (Part IX, column (A), line 4)		1 400	100	1 (10 050
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,476,4	130.	1,610,350.
.us	16a ⊦		fundraising fees (Part IX, column (A), line 11e)				
Expenses	b		sing expenses (Part IX, column (D), line 25) ► 81,823.				
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		629,5		740,303.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,079,3	331.	3,232,603.
		Revenue less	s expenses. Subtract line 18 from line 12		345,4	139.	529,923.
. o					ing of Currer		End of Year
Net Assets of Fund Balance	20		(Part X, line 16)		3,977,1		3,690,720.
t As	21		s (Part X, line 26)		373,9	945.	303,203.
ž.	22		fund balances. Subtract line 21 from line 20		3,603,1	.63.	3,387,517.
	rt II	Signatur					
Unde	er penalti	es of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge.	e best of n	my knowledge	and beli	ef, it is true, correct, and
			(,,	1			
c:		Signatu	re of officer	Di	ate		
Siç He	gn ro					ים חבר	מסשכ
110	16		TNEY PATTERSON print name and title	EXEC	UTIVE I	JIKE	JIUR
			preparer's name Preparer's signature Date		Check	if	PTIN
D٠	: ₄		R K. WILHELMI		self-employ	」 "	P00111966
Pa	ıa epare				3CII-CIIIpi0y	cu	10011100
Us	e Onl	y Firm's addre	<u> </u>		Firm's FIN	▶ 74.	-2804360
		J Timil S addit	TYLER, TX 75703		Phone no.		534.8811
		1	1111, 111 / U/UU			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

May the IRS discuss this return with the preparer shown above? See instructions

No

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 3,006,784.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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? <i>If</i> 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
ā	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	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
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
C	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	
6	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	
ŀ	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		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	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? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

Form 990 (2021) LITERACY COUNCIL OF TYLER, INC Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If Yes, complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	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			
	Chock is concedure a companied of note to dry line in this fact v		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		17	
<u> Β Λ /</u>	(gambling) winnings to prize winners?	1 c	X 000 ((0001

Form 990 (2021) LITERACY COUNCIL OF TYLER, INC

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

			Yes	No
28	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 55			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
	olf '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).			
5 :	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			21
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6 b		
ě	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	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?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
Č	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 20 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. . . 20 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?..... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?...... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... / --------Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records WHITNEY PATTERSON 1530 SSW LOOP 323 TYLER TX 75701 (903) 533-0330

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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.											
Check this box in ricition the organization not any relati	ou organiz	Lation	1 0011	(C)		ou un	y ca	Trent officer, direct	or, or trustee.	-	
(A) Name and title	(B) Average hours per	tha	n one s both	(do n	ot che unles officer /truste	•	i	Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations	
(1) WHITNEY PATTERSON	40										
EXECUTIVE DIR.	0			X				74,688.	0.	3,000.	
(2) MATT HORTON VP GOVERNANCE	10	X		Х				0.	0.	0.	
	$-\frac{1}{0}$	X						0.	0.	0.	
(4) IKEY EASON DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.	
(5) NANCY RANGEL DIRECTOR	-	Х						0.	0.	0.	
(6) MICHELLE BROOKSHIRE DIRECTOR	1 0	X						0.	0.	0.	
7) PAM LISNER DIRECTOR	1	Х						0.	0.	0.	
(8) JUSTIN WILCOX DIRECTOR	1	Х						0.	0.	0.	
(9) ANTONIO MARTINEZ DIRECTOR	1	Х						0.	0.	0.	
(10) MAC GRIFFITH DIRECTOR	1	Х						0.	0.	0.	
(11) CANDACE PORTER-CONDRY DIRECTOR	1	Х						0.	0.	0.	
(12) CAROLYN HUTSON TREAS/SECR		Х						0.	0.	0.	
(13) DR. DEANA SHEPPARD, ED. D. DIRECTOR	1 0	Х						0.	0.	0.	
(14) JIM THOMPSON PAST PRESIDENT	$-\frac{1}{0}$	X						0.	0.	0.	

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Part VII Section A. Officers, Director		Key	Em		_	es, a	and	d Highest Com	pensated Emp	oyees	S (conti	nued)
	(B) (C)											
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted	box	not ch , unless cer and Institutional trustee	s per l a di	rson i irecto	is both or/trust	n an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the c	(F) ated amount of other ensation organizated related anization	from tion d
(15) MADCADES DEDUTING	line)	ě	itee			sated						
(15) MARGARET PERKINS DIRECTOR	$ \frac{1}{0} -$	Х						0.	0.			0.
(16) J NATHAN KELLEY PRESIDENT		Х		Х				0.	0.			0.
(17) MEELA MEJIA DIRECTOR		Х						0.	0.			0.
(18) MIKE STARR DIRECTOR		Х						0.	0.			0.
(19) BONNIE RAYFORD DIRECTOR		Х						0.	0.			0.
(20) ELIZABETH SHARKEY DIRECTOR		X						Ĵ	0.			0.
(21) BETH WHITNEY	1_				4	\langle						
DIRECTOR (22)	0	X					K	0.	0.			0.
(23)		,										
(24)						~						
(25)		K			•							
1 b Subtotal							>	74,688.	0.		3,0	000.
c Total from continuation sheets to Part VI							>	0.	0.			0.
d Total (add lines 1b and 1c)		listed	above	e) w	ho r	eceiv	ved	74,688. more than \$100,00	0. 0 of reportable comp	ensatio		000.
from the organization > 0												
3 Did the organization list any former officer	r, director, truste	ee, ke	ev em	olar	vee	, or l	hial	nest compensated	employee		Yes	No
on line 1a? If 'Yes,' compléte Schedule J 4 For any individual listed on line 1a, is the	for such individu	ıal								. 3		Х
the organization and related organizations	greater than \$1	50,0	00? /i	f 'Ye	es,'	com	ıple	te Schedule J for		. 4		X
5 Did any person listed on line 1a receive or for services rendered to the organization?	r accrue comper If 'Yes,' comple	nsatio ete So	n fro chedu	m a ıle J	any i <i>J for</i>	unre r <i>suc</i>	late h p	ed organization or erson	individual	. 5		X
1 Complete this table for your five highest or	ompensated ind	epen	dent	con	trac	tors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report of	compensation for	the c	alend	ar y	ear	endir	ng v	vith or within the org	ganization's tax year		C)	
Name and business address Description of services							Compe	ensatio	n			
2 Total number of independent contractors (incl \$100,000 of compensation from the organ	-	ited t	o thos	se lis	sted	abo	ve)	who received more	than			

		Check if Schedule O contains a respons	se or note to any	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and similar amounts not included above 1 f Noncash contributions included in	95,072. 40,018. 3,080,417. 318,591.				
Con	h	Iines 1a-1f. 1 g Total. Add lines 1a-1f.	1,500.	3,534,098.			
			Business Code	373317030.			
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f					
	3	Investment income (including dividends, interesting compared)	rest, and	004 660			004 660
	4	other similar amounts)	L	224,669.			224,669.
	5	Royalties	-				
	b c	Gross rents	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
		Gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$ 40,018 of contributions reported on line 1c). See Part IV, line 18	15,532. 15,532.				
Oth		Net income or (loss) from fundraising eve					
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activitie	es				
	b	Gross sales of inventory, less returns and allowances					
	С	Net income or (loss) from sales of inventor	ory ▶ Business Code				
Sno S	11 a		0099	3,479.			3,479.
ane.	b		0099	280.			280.
Miscellaneous Revenue	c d	All other revenue					
		Total. Add lines 11a-11d		3,759.			
_	12	Total revenue. See instructions		3,762,526.	0.	0.	228,428.

	1 990 (2021) LITERACY COUNCIL OF t IX Statement of Functional Expen			75-235	9704 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must con		her organizations must of	omnlete column (A)	
Jeci	Check if Schedule O contains a				П
	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.	881,950.	881,950.	gonora	сиропосс
2	Grants and other assistance to domestic individuals. See Part IV, line 22	001/300.	001/3001		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	77,688.	58,266.	15,538.	3,884.
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		1,417,735.	1,335,447.	60,613.	21,675.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2, 12 1, 1001	2,000,1110	30,323.	==, 0.0
9	Other employee benefits				
10	Payroll taxes	114,927.	98,273.	13,169.	3,485.
11	` ' ' ' '				
	Management				
	Legal	20 500		20 500	
	: Accounting	30,500.		30,500.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column				
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	24,519.	19,809.		4,710.
13	Office expenses	27,893.	6,972.	20,921.	•
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel.	8,232.	8,232.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,425.	1,425.		
23	Insurance	25,057.	25,057.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	23,031.	23,037.		
	SUBCONTRACTING	400,839.	400,839.		
	PINSTRUCTIONAL SUPPLIES	108,924.	108,924.		
	MISCELLANEOUS	34,605.			34,605.
	RENT	24,000.	27,183.	-3,183.	10 404
	All other expenses. Add lines 1 through 24s	54,309.	34,407.	6,438.	13,464.
	Total functional expenses. Add lines 1 through 24e	3,232,603.	3,006,784.	143,996.	81,823.
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)				

Form 990 (2021) LITERACY COUNCIL OF TYLER, INC 75-2359704 Part 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	260,036.	1	486,895.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	241,572.	3	232,364.
	4	Accounts receivable, net	79,146.	4	79,146.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
ıs	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	15,120.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	2,849.
	11	Investments – publicly traded securities		11	,
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.	3,378,786.	15	2,874,346.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,977,108.	16	3,690,720.
	17	Accounts payable and accrued expenses	91,514.	17	267,043.
	18	Giants payable		18	= = : , = = = :
	19	Deferred revenue	35,431.	19	36,160.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	373,945.	26	303,203.
ıces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	1,599,975.	27	1,532,165.
B	28	Net assets with donor restrictions	2,003,188.	28	1,855,352.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ste	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	3,387,517.
Ne	33	Total liabilities and net assets/fund balances.			3,690,720.

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.				. \Box			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,7	62,5	526.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2	32,6	503.			
3	Revenue less expenses. Subtract line 2 from line 1	3	5.	29,9	923.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,6	03,1	.63.			
5								
6	Donated services and use of facilities	6		-1,5	500.			
7	Investment expenses	7	-	37,1	.00.			
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					
Da	rt XII Financial Statements and Reporting	10	3,3	87,5	<u>) </u>			
Га	<u> </u>				_			
	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 on Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a						
1	b Were the organization's financial statements audited by an independent accountant?		. 2b	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis	te						
•	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				
3:	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single							
	Audit Act and OMB Circular A-133?		. За	Χ				
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	Х				
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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name o	f the organization					Employer identif	ication number	
	ERACY COUNCIL OF TYLE					75-23597		
	I Reason for Public Cha						uctions.	
The o	rganization is not a private found A church, convention of church	•	•		•	•		
2	A school described in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3	A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170)(b)(1)(A	۸)(iii).		
4	A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii).	Enter the hospital's	
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle implete Part II.)	ege or university owned	or opera	ated by	a governmental unit	described in	
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
9	An agricultural research organi or university or a non-land-grauniversity:							
10	An organization that normall from activities related to its convertment income and unregue 30, 1975. See section	exempt functions, sub lated business taxabl	e income (less section	ns; and	(2) no r	nore than 33-1/3% of	its support from gross	
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509	(a)(3). Check the box on	
а	Type I. A supporting organization organization organization organization.	on operated, supervise gularly appoint or elect						
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), be the supported organized	y having control or ation(s). You	
С			ion operated in connection	n with ar	nd functio	onally integrated with it	s supported	
	Type III functionally integrated organization(s) (see instruction	ons). You must com	lete Part IV, Sections	A, D, an	d E.	onany integrated with, r	s supported	
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	nection tion requ	with its s uiremen	supported organization t and an attentivenes	(s) that is not ss requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t supporting organization	١.				
	Enter the number of supported	3						
g	Provide the following informatio	n about the supported	d organization(s).	1				
() Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	overning	support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
				103	110			
<u>(A)</u>								
(B)								
(C)								
(D)								
(E)								
Total								

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

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

Sec	tion A. Public Support						
begii	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,776,350.	2,943,654.	2,877,555.	3,126,550.	3,534,098.	15,258,207.
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.
	Total. Add lines 1 through 3 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)	2,776,350.	2,943,654.	2,877,555.	3,126,550.	3,534,098.	15,258,207.
6	Public support. Subtract line 5 from line 4						15,258,207.
Sec	tion B. Total Support				^		
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,776,350.	2,943,654.	2,877,555.	3,126,550.	3,534,098.	15,258,207.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78,911.	62,045.	76,048.	296,885.	224,669.	738,558.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			, , , , , , ,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	8,387.	7,774.	20,976.	1,335.	3,759.	42,231.
	Total support. Add lines 7 through 10						16,038,996.
12	Gross receipts from related activ	ritiès, etc. (see ins	structions)			12	22,806.
	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)	>
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage			T	
	Public support percentage for 20 Public support percentage from 3						95.13 % 95.63 %
	33-1/3% support test—2021. If t and stop here. The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
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-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions

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	osto notoa polon,	produce comprete	1 41 (11.)			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2017	(b) 2010	(6) 2013	(a) 2020	(e) 2021	(i) Total
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						
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				1	,	
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C	n •				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\\\\					
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here	<u> </u>				>
	tion C. Computation of Pul			ma 10 antimir (0	`	1 45 1	0
	Public support percentage for 20	•			•	<u> </u>	<u> </u>
	Public support percentage from 2						90
	tion D. Computation of Inv				(0)	1 1	<u> </u>
17		•	• • •	-			%
	Investment income percentage f						%
	33-1/3% support tests—2021. If it is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	▶ 📋
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	ization ▶
	9-						

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		
За	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		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
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?	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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one pore supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees		Yes	No
2	durin	allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers up the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	4		
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations		Yes	No
1	orgar	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		103	
y C	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reavoice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
ä	a 🔲 T	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			- \
•	C ∐ T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instri	ıctıons	S).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	Did the more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

5011	The Whom Free Line In Late weeks FOO(-)(2) Constant of the C			133704 Tage C
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
	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		
Sec	tion 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 inte (see instructions).	grated	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Par	·t V │Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued	1)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide 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 is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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

NATURE AND SOURCE	 2021	 2020	 2019	 2018	 2017
BOOK SALES REVENUE OTHER	\$ 280. 3,479.	\$ 90. 1,245.	\$ 7,682. 13,294.	\$ 4,354. 3,420.	\$ 5,393. 2,994.
TOTAL	\$ 3,759.	\$ 1,335.	\$ 20,976.	\$ 7,774.	\$ 8,387.

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 (Form 990)

Schedule of Contributors

2021

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 202

Employer identification number

OMB No. 1545-0047

LITERACY COUNCIL OF TYLER, INC 75-2359704 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (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), 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), 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Employer identification number

LITERACY COUNCIL OF TYLER, INC

75-2359704

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF SMITH COUNTY P.O. BOX 10029 TYLER, TX 75701	\$95,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AEL - GRANT (D.O.E.) 400 MARYLAND AVE. SW WASHINGTON, DC 20202	\$ <u>1,559,688.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EL CIVICS - GRANT (D.O.E.) 400 MARYLAND AVE. SW WASHINGTON, DC 20202	\$206,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)

LITERACY COUNCIL OF TYLER, INC

Employer identification number

75-2359704

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			
	N/A					
		\$				
(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			
		İs				
	4)	·				
(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	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			
	<u></u>	\$ 	 			

Name of organization LITERACY 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 following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribution on the total (Enter this information once. See	utor. Comple of <i>exclusive</i>	te columns (a) through (e) and ely religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held	
	N/A				
		(e) Transfer of gift			
	Transferee's name, addres	-		tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	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	
	Transferee's name, addres	ft 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	
	Transferee's name, addres	(e) Transfer of gift			
				tionship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LITERACY COUNCIL OF TYLER, INC

			75-2359704
Pai	rt Organizations Maintaining Donor	Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answer	ered 'Yes' on Form 990, Part IV, I	ine 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Borior davised farias	(b) I dilas dila other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hold i	in donor advised funds
,	are the organization's property, subject to the or	ganization's exclusive legal control?	Yes No
6			
U	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of	f the donor or donor advisor, or for any o	ther purpose conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
ı u	Complete if the organization answer	ered 'Yes' on Form 990 Part IV I	ine 7
	Purpose(s) of conservation easements held by the		ine 7:
'			
	Preservation of land for public use (for example		rvation of a historically important land area
	Protection of natural habitat	Presei	rvation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held last day of the tax year.	d a qualified conservation contribution in the	form of a conservation easement on the
	,		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easeme		2b
	c Number of conservation easements on a certified		
	d Number of conservation easements included in (structure listed in the National Register		2d
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conserve	ation easement is located >	
	Does the organization have a written policy rega		handling of violations
5	and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, ins		
O	Stan and volunteer hours devoted to morntoning, ins	pecting, nanding of violations, and emorem	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing cor	nservation easements during the year
0		no O(d) above policity the members of	f anation 170/b/(4)/D)(i)
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to conservation easements.		e and expense statement and balance sheet, and nat describes the organization's accounting for
Pa	Organizations Maintaining Collect Complete if the organization answer		
1	a If the organization elected, as permitted under F	ASR ASC 958 not to report in its royani	ue statement and halance sheet works of art
•	historical treasures, or other similar assets held Part XIII the text of the footnote to its financial s	for public exhibition, education, or resear	rch in furtherance of public service, provide in
	b If the organization elected, as permitted under F historical treasures, or other similar assets held for p following amounts relating to these items:	ASB ASC 958, to report in its revenue st oublic exhibition, education, or research in fi	ratement and balance sheet works of art, urtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lin	e 1	▶\$
	(ii) Assets included in Form 990, Part X		·
2	• •		***************************************
	amounts required to be reported under FASB AS a Revenue included on Form 990, Part VIII, line 1.	SC 958 relating to these items:	
	b Assets included in Form 990, Part X		

Part III Organizations Maintain	ing Collections	s of Art, Histo	ricai i reasures, oi	Other Similar Ass	ets (contin	uea)		
3 Using the organization's acquisition, a items (check all that apply):	accession, and other	_		nake significant use of its	collection			
a Public exhibition		d Loan o	r exchange program					
b Scholarly research		e Other						
c Preservation for future generat	c Preservation for future generations							
4 Provide a description of the organizat Part XIII.								
to be sold to raise funds rather tha	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part IV Escrow and Custodial A	Arrangements. nount on Form	Complete if the 1990, Part X, I	ne organization an ine 21.	swered 'Yes' on Fo	rm 990, Pa	rt IV,		
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian or oth	ner intermediary f	for contributions or oth	er assets not included	Yes	No		
b If 'Yes,' explain the arrangement in	Part XIII and com	plete the followir	ng table:					
					Amount			
c Beginning balance				1c				
d Additions during the year				1 d				
e Distributions during the year				1 e				
f Ending balance				1f				
2a Did the organization include an am	ount on Form 990,	Part X, line 21,	for escrow or custodial	account liability?	Yes	No		
b If 'Yes,' explain the arrangement in	Part XIII. Check h	nere if the explan	ation has been provide	ed on Part XIII				
Part V Endowment Funds. Con	mplete if the or	ganization ans	swered 'Yes' on Fo	orm 990, Part IV, Iir	<u>ne 10.</u>			
	(a) Current year	(b) Prior year			(e) Four yea	ırs back		
1 a Beginning of year balance	2,964,881.	2,410,89	97. 2,287,03	5. 2,049,464.	2,001	,517.		
b Contributions	68,317.	91, 7	57. 40,61	4. 88,104.	. 65	,239.		
c Net investment earnings, gains, and losses	-482,893.	498,49	93. 115,79	1. 180,036.	-2	,466.		
d Grants or scholarships								
e Other expenditures for facilities and programs				0.				
f Administrative expenses	37,100.	36,20	66. 32,54	30,569.	. 14	,826.		
g End of year balance	2,513,205.	2,964,88	31. 2,410,89	7. 2,287,035.	2,049	,464.		
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held	as:				
a Board designated or quasi-endowmen	t ► 40	0.65 %						
b Permanent endowment ►	59.35 %							
c Term endowment ►	%							
The percentages on lines 2a, 2b, and	2c should equal 10	0%.						
22 Are there and surrent funds not in the	and a state of the	ination that a	va hald and administava	l for the				
3 a Are there endowment funds not in the organization by:	possession of the o	organization that a	re neid and administered	i for the	Yes	No		
(i) Unrelated organizations					. 3a(i) X			
(ii) Related organizations	•				3a(ii)	X		
b If 'Yes' on line 3a(ii), are the relate					3b			
4 Describe in Part XIII the intended u	-	•						
Part VI Land, Buildings, and E		ation 5 ondowino	TRIGINGS. DEL TIM	I AIII				
Complete if the organization		'Yes' on Form	n 990 Part IV line	11a See Form 99	∩ Part X I	ine 10		
				1				
Description of property		t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue		
1 a Land			200.0 (00.101)	30p. 33/4/011				
b Buildings								
c Leasehold improvements								
d Equipment			86,271.	83,422.		ο ο Λ ο		
e Other			200.	200.		2,849.		
Total. Add lines 1a through 1e. (Column		rm 990 Part Y a				0.		
RAA	(u) IIIusi Equal FOI	111 990, Fail ∧, C	orarriir (<i>D)</i> , IIIIe 100.)		ule D (Form 90	2,849.		

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
A) B)			
B)			
C) 			
D)			
<u>(F)</u>			
(G) (H)			
(I)	-		
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets.		0 Part IV line 11d See Form	990 Part X line 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered		0, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 361,141
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (a) De	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6)	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8)	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9)	d Yes on Form 99	0, Part IV, line 11d. See Form	(b) Book value 361,141
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Dec. (1) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on 11.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 1.	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 10 BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Interest in Complete in Complete Interest in Complete Interest in Complete Interest Int	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 10 December 11 December 12	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December 10 BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on the image of t	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on I. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Interest (column (b) Part X (column	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) BENEFICIAL INTEREST IN CLAT (2) BENEFICIAL INTEREST-ET COMM FD AS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on I. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	d Yes on Form 99 escription SETS (B) line 15.)		(b) Book value 361,141 2,513,205 2,874,346 5.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	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	3,148,822.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments. 2a -706, 969.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) SEE PART XIII 2d 15,532.		
e Add lines 2a through 2d.	2 e	-576,604.
3 Subtract line 2e from line 1.	3	3,725,426.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	37,100.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,762,526.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,364,468.
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		
c Other losses. 2c		
d Other (Describe in Part XIII.) SEE PART XIII 2d 17,032.		
e Add lines 2a through 2d.	2 e	131,865.
3 Subtract line 2e from line 1.	3	3,232,603.
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.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	4 c	3,232,603.

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 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 REQUIRED TAX REPORTS AND HAS NO UNCERTAIN TAX

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Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

POSITIONS. THE YEARS 2018 TO 2021 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 S	PECIAL EVENTS		\$ 15,532.
	TC	TAL	\$ 15,532.

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

SPECIAL EVENT EXPENSE	\$ 15,532.
SPECIAL EVENTS IN-KIND.	1,500.
TOTAL	\$ 17,032.



BAA TEEA3305L 08/30/21 **Schedule D (Form 990) 2021**

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number LITERACY COUNCIL OF TYLER, 75-2359704 INC **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 LITERACY COUNCIL OF TYLER, INC 75-2359704 Page 2 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. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) SPELLING BEE NONE through column (c) (event type) (event type) (total number) Revenue 1 Gross receipts..... 55,550. 55,550. 2 Less: Contributions..... 40,018 40,018. **3** Gross income (line 1 minus line 2)..... 15,532 15,532. Cash prizes..... Direct Expenses Rent/facility costs..... 7 Food and beverages Other direct expenses..... 15,532. 15,532. 10 Direct expense summary. Add lines 4 through 9 in column (d). 15**,**532. Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant bingo/progressive bingo (d) Total gaming (add column (a) through column (c)) Revenue (a) Bingo (c) Other gaming Gross revenue..... Direct Expenses 2 Cash prizes. . 3 Noncash prizes Rent/facility costs

	3 Carlot all out experieses
	6 Volunteer labor
	7 Direct expense summary. Add lines 2 through 5 in column (d)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
	a Is the organization licensed to conduct gaming activities in each of these states?
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
	Jii 165, Explain.

TEEA3702L 07/12/21

Schedule G (Form 990) 2021

Other direct expenses

BAA

Sche	edule G (Form 990) 2021 LITERACY COUNCIL OF TYLER, INC 7	5-2359704	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 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?		es No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	an outside facility.		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:	
	Name ►		
	Address ►		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization and to gaming revenue retained by the third party to If 'Yes,' enter name and address of the third party:	ue?	Yes No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes No
I	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
D	organization's own exempt activities during the tax year > \$	lumana (iii) -	nd (.).
Pai	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 ar information. See instructions.	numns (III) a ny additional	nu (v);

 BAA
 TEEA3703L
 07/12/21
 Schedule G (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization						Employer identific	cation number
LITERACY COUNCIL OF TYLER,						75-235970)4
Part I General Information on Gr		nce					
1 Does the organization maintain records t the selection criteria used to award th	ie grants or assistand	e?		eligibility for the grants of			X Yes No
2 Describe in Part IV the organization's pro		•			SEE PA		
Part II Grants and Other Assistar							
Form 990, Part IV, line 21,	for any recipient	that received r	nore than \$5,000. F	Part II can be dupli	cated if additional s	space is neede	d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 STREET LUFKIN, TX 75904			10,021.	0.			EDUCATIONAL PASS-THROUGH GRANT
(2) KILGORE COLLEGE 1100 BROADWAY KILGORE, TX 75662			571,139.	0.			EDUCATIONAL PASS-THROUGH GRANT
(3) TRINITY VALLEY COMM. COLLEGE 100 CARDINAL DR ATHENS, TX 75751			18,782.	0.			EDUCATIONAL PASS-THROUGH GRANT
(4) PANOLA COLLEGE 1109 W PANOLA CARTHAGE, TX 75633			212,591.	0.			EDUCATIONAL PASS-THROUGH GRANT
(5) NORTHEAST TEXAS COMM. COLLEGE 2886 FM 1735 CHAPEL HILL RD MT PLEASANT, TX 75455			69,417.	0.			EDUCATIONAL PASS-THROUGH GRANT
(6) 							
(7)							
(8)							
2 Enter total number of section 501(c)(33 Enter total number of other organization	,	•					5 0

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.

BAA Schedule I (Form 990) 2021

LITERACY COUNCIL OF TYLER, INC

75-2359704

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

THE TOTAL AMOUNT OF SUBRECIPIENT PASS-THROUGH WAS \$881,950. THIS AMOUNT IS ALSO INCLUDED IN GRANTS UNDER THE SUPPORT AND REVENUE SECTION OF THE STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30,2022.



SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-F7

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

LITERACY COUNCIL OF TYLER, INC

Employer identification number

75-2359704

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

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH

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.