

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
CHARLOTTESVILLE, VA**

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2013**

LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Literacy Volunteers of Charlottesville/Albemarle
Charlottesville, VA

We have audited the accompanying financial statements of Literacy Volunteers of Charlottesville/Albemarle (a nonprofit organization), which comprise the statement of financial position as of June 30, 2013, and the statement of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Literacy Volunteers of Charlottesville/ Albemarle, as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

November 6, 2013

Financial Reports

LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2013

ASSETS

CURRENT ASSETS

Cash	\$ 77,440
Grants receivable	72,754
Rent deposit	<u>3,161</u>

Total Current Assets 153,355

PROPERTY AND EQUIPMENT

Furniture, fixtures and equipment	19,355
Leasehold improvements	22,108
Less: Accumulated Depreciation	<u>(16,428)</u>

Net Property and Equipment 25,035

TOTAL ASSETS \$ 178,390

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Credit card payable	\$ 230
Payroll liabilities	3,471
Accrued paid leave	8,740
Notes Payable	<u>5,000</u>

Total Current Liabilities 17,441

NET ASSETS

Unrestricted	88,195
Temporarily restricted	<u>72,754</u>

Total Net Assets 160,949

TOTAL LIABILITIES AND NET ASSETS \$ 178,390

See accompanying notes

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2013**

	Unrestricted	Temporarily Restricted	Total
PUBLIC SUPPORT AND REVENUES			
City of Charlottesville	\$ -	\$ 37,853	\$ 37,853
County of Albemarle	-	25,287	25,287
State grants	10,844	28,384	39,228
Contributions	15,155	-	15,155
Foundation and trust grants	71,170	-	71,170
Fundraising agencies revenues	13,297	-	13,297
Program service fees	10,525	-	10,525
Interest	5	-	5
Special events (net of expenses of \$10,573)	<u>15,673</u>	<u>-</u>	<u>15,673</u>
 Total Revenues	 <u>136,669</u>	 <u>91,524</u>	 <u>228,193</u>
Net Assets Released From Restrictions	<u>99,622</u>	<u>(99,622)</u>	<u>-</u>
 Total Public Support and Revenue	 <u>236,291</u>	 <u>(8,098)</u>	 <u>228,193</u>
EXPENSES			
Program services	192,617	-	192,617
Management and general	20,319	-	20,319
Fundraising	<u>22,393</u>	<u>-</u>	<u>22,393</u>
 Total Expenses	 <u>235,329</u>	 <u>-</u>	 <u>235,329</u>
 CHANGES IN NET ASSETS	 <u>962</u>	 <u>(8,098)</u>	 <u>(7,136)</u>
NET ASSETS, BEGINNING OF YEAR			
As previously reported	<u>104,945</u>	<u>63,140</u>	<u>168,085</u>
Reclassification for time restriction	<u>(17,712)</u>	<u>17,712</u>	<u>\$ -</u>
 NET ASSETS, END OF YEAR	 <u>\$ 88,195</u>	 <u>\$ 72,754</u>	 <u>\$ 160,949</u>

See accompanying notes

LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2013

	<u>Supporting Services</u>			<u>Total Supporting Services</u>	<u>Total</u>
	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>		
Salaries	\$ 106,830	\$ 6,501	\$ 10,698	\$ 17,199	\$ 124,029
Employee benefits	14,185	834	1,669	2,503	16,688
Payroll taxes	8,581	505	1,010	1,515	10,096
Professional fees	114	5,603	-	5,603	5,717
Depreciation expense	1,806	106	212	318	2,124
Supplies	4,727	1,818	727	2,545	7,272
Telephone	1,145	564	53	617	1,762
Postage	927	2,225	556	2,781	3,708
Equipment and software	6,090	-	-	-	6,090
Printing and copying	1,018	285	2,768	3,053	4,071
Books and subscriptions	4,770	-	148	148	4,918
Insurance	738	341	57	398	1,136
Rent	35,129	1,121	1,121	2,242	37,371
Travel/meeting expense	905	209	279	488	1,393
Membership dues	175	-	-	-	175
Staff development	359	200	239	439	798
Advertising	-	-	2,854	2,854	2,854
Temporary help	4,892	-	-	-	4,892
Miscellaneous expenses	226	7	2	9	235
Total expenses	<u>\$ 192,617</u>	<u>\$ 20,319</u>	<u>\$ 22,393</u>	<u>\$ 42,712</u>	<u>\$ 235,329</u>

See accompanying notes

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2013**

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets	\$ <u>(7,136)</u>
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation	2,124
(Increase) Decrease in assets:	
Grants receivable	8,098
Prepaid expenses	3,008
Rent deposit	(1,761)
Increase (Decrease) in liabilities:	
Accounts payable and accrued expenses	(600)
Payroll liabilities	<u>4,873</u>
Total Adjustments	<u>15,742</u>
Net Cash Provided By Operating Activities	8,606

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of property and equipment	<u>(17,542)</u>
Net Cash Used In Investing Activities	<u>(17,542)</u>

NET DECREASE IN CASH (8,936)

CASH, BEGINNING OF YEAR 86,376

CASH, END OF YEAR \$ 77,440

SUPPLEMENTAL DISCLOSURES

Noncash investing and financing transactions	
Leasehold improvements	\$ (5,000)
Note payable	5,000

See accompanying notes

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2013**

NATURE OF ACTIVITIES

Literacy Volunteers of Charlottesville/Albemarle (the Organization) is located in Charlottesville, Virginia and was organized to promote and foster literacy in the City of Charlottesville, Albemarle County and the contiguous areas. Its primary purpose is to recruit and train volunteers to tutor clients on a one to one basis. The Organization incorporated in November 2003. It was originally an affiliate of Literacy Volunteers of America.

The Organization received its funding primarily from state, local, city and county government grants. It also solicits private donations and holds fundraising events.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

Net assets, revenues and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets - Contributions and all other revenue sources that are not subject to donor imposed stipulations. Undesignated net assets may be used at the discretion of management to support the mission of the Organization and consist of net assets accumulated from the results of operations.

Temporarily restricted net assets - Contributions that are available for use, but expendable only for those purposes specified by the grantor or restricted by the passage of time. When a donor's restriction is met, temporarily restricted net assets are classified to unrestricted net assets. At June 30, 2013, the balance is \$72,754.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. At June 30, 2013, there were no permanently restricted net assets.

Concentrations of Credit Risk

Financial instruments that potentially subject the Organization to credit risk include cash on deposit with financial institutions in excess of the Federal Deposit Insurance Corporation limit of \$250,000 for each interest bearing account. All non-interest bearing accounts are fully insured. As of June 30, 2013, the Organization had no uninsured deposits.

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2013**

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-Continued

Functional Expenses

Expenses are charged directly to program services, management and general or fundraising in general categories based on specific identification.

Income Taxes

The Organization is exempt from regular federal income taxes under Section 501(c)(3) of the Internal Revenue Code and qualifies as a public charity under Section 509(a)(1).

Grants Receivable

The Organization's receivables at June 30, 2013, consist of amounts due from three government grants that will be received during the next fiscal year.

Use of Estimates

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

Property and Equipment

Depreciation is computed on the straight-line method over the assets' estimated useful lives. Equipment purchased is capitalized at cost; the estimated fair values of donated assets are similarly capitalized.

Donated material and services

A substantial number of volunteers have donated time for the Organization and providing its program services. These services are not recorded as contributions in the financial statements, since the recognition criteria was not met.

LEASE COMMITMENT

The Organization entered into a lease agreement beginning May 1, 2012, for facilities terminating in five years. Rent expense was \$37,371 for the year ended June 30, 2013. There is one option to renew the lease for a three year period. The future minimum lease payments are as follows:

2014	\$	39,070
2015	\$	40,242
2016	\$	41,449
2017	\$	42,693

**LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2013**

ADVERTISING COSTS

Advertising costs are expensed as incurred. Total advertising costs for the fiscal year were \$2,854.

NOTES PAYABLE

The Organization entered into a note payable beginning August 10, 2012, to the Jefferson School Community Partnership, LLLP. The outstanding principal balance is \$5,000 as of June 30, 2013. The note is interest free and must be paid in full prior to 60 months from the commencement date of the lease. The note is the product of an agreement between the two parties based on leasehold improvement work performed.

RECLASSIFICATION

The temporarily restricted net asset beginning balance was increased by \$17,712 due to a time restriction.

SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 6, 2013, which is the date the financial statements were available to be issued.

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning **07/01/12**, and ending **06/30/13**

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

35-2220618

Net Asset / Fund Balance at Beginning of Year		<u>168,087</u>
Revenue		
Contributions	<u>212,515</u>	
Program service revenue	<u> </u>	
Investment income	<u>5</u>	
Capital gain / loss	<u> </u>	
Special events:		
Gross revenue	<u>26,248</u>	
Direct expenses	<u>10,575</u>	
Net income	<u>15,673</u>	
Other income	<u>15,673</u>	
Total revenue		<u>228,193</u>
Expenses		
Program services	<u>192,619</u>	
Management and general	<u>20,319</u>	
Fundraising	<u>22,393</u>	
Total expenses		<u>235,331</u>
Excess / (deficit)		<u>-7,138</u>
Other changes		<u>168,087</u>
Net Asset / Fund Balance at End of Year		<u>160,949</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>228,193</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>228,193</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>235,331</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>235,331</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>176,253</u>	<u>178,390</u>	
Liabilities	<u>8,166</u>	<u>17,441</u>	
Net assets	<u>168,087</u>	<u>160,949</u>	<u>-7,138</u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/13
Failure to file penalty

Form 990-T Return Summary

For calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13**

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

35-2220618

Income

Gross profit _____
 Capital gain / loss _____
 Unrelated debt-financed income _____
 All other income _____

Total income _____

Deductions

Officer compensation _____
 Salaries _____
 All other deductions _____
 Net operating loss _____
 Specific deduction 1,000

Total deductions _____

1,000

Unrelated business taxable income

-1,000

Taxes / Credits / Payments

Regular tax _____
 Proxy tax _____
 Alternative minimum tax _____

Tax _____

Foreign tax credit _____
 Other credits _____
 General business credits _____
 Prior year minimum tax credit _____

Total nonrefundable credits _____

Other taxes _____

Total tax _____

Estimated tax payments _____
 Paid with extension _____
 Tax withheld _____
 Other credits / payments _____
 Estimated tax penalty _____
 Overpayment applied to next year's tax _____

Payments / penalty / application _____

Net tax due _____

Additions to Tax

Interest on late payments _____
 Failure to file penalty _____
 Failure to pay penalty _____

Total additions _____

Balance due _____

Refund _____

1,421

Next Year's Estimates

1st quarter _____
 2nd quarter _____
 3rd quarter _____
 4th quarter _____
Total _____

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/13

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13**2012**Department of the Treasury
Internal Revenue Service**u Do not send to the IRS. Keep for your records.**

Name of exempt organization

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

Employer identification number

35-2220618

Name and title of officer

**ELLEN OSBORNE
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>228,193</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MONFALCONE ACCOUNTING GROUP LLC to enter my PIN 22901 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____

Date } 11/01/13**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54044722911

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } CHRISTINA MONFALCONE, CPA Date } _____

ERO Must Retain This Form—See Instructions**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
u The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization LITERACY VOLUNTEERS OF CHARLOTTESVILLE/ALBEMARLE		D Employer identification number 35-2220618
Doing Business As		E Telephone number 434-977-3838
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
233 4TH STREET NW	BOX L	G Gross receipts \$ 238,768
City, town or post office, state, and ZIP code CHARLOTTESVILLE VA 22903		

F Name and address of principal officer:
ELLEN OSBORNE
233 4TH STREET NW, BOX L
CHARLOTTESVILLE VA 22903

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u WWW.LITERACYFORALL.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2003** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES ONE-ON-ONE CONFIDENTIAL TUTORING IN BASIC LITERACY AND ENGLISH AS A SECOND LANGUAGE TO ADULTS LIVING OR WORKING IN THE CITY OF CHARLOTTESVILLE AND ALBEMARLE COUNTY.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	272
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 190,429	Current Year 212,515
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58	5
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,215	15,673
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,702	228,193
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	132,290	150,813
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 22,393	63,067	84,518
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	195,357	235,331
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,345	-7,138	
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year 176,253	End of Year 178,390	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,166	17,441
	21 Total liabilities (Part X, line 26)	168,087	160,949
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ELLEN OSBORNE	Date
	Type or print name and title EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name CHRISTINA MONFALCONE, CPA	Preparer's signature CHRISTINA MONFALCONE, CPA	Date 11/07/13	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name MONFALCONE ACCOUNTING GROUP LLC	Firm's EIN			
	Firm's address 198 SPOTNAP RD STE C-5 CHARLOTTESVILLE, VA 22911-8614	Phone no. 434-202-1722			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES ONE-ON-ONE CONFIDENTIAL TUTORING IN BASIC LITERACY AND ENGLISH AS A SECOND LANGUAGE TO ADULTS LIVING OR WORKING IN THE CITY OF CHARLOTTESVILLE AND ALBEMARLE COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **192,619** including grants of \$) (Revenue \$)
RECRUIT AND TRAIN VOLUNTEERS TO PROVIDE ONE-ON-ONE LITERACY TRAINING FOR ADULTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 192,619

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	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 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, response, Yes, and No. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE GARRETT SECRETARY	2.00 0.00	X		X				0	0	0
(2) MARK GOODSON DIRECTOR	2.00 0.00	X						0	0	0
(3) SARAH HEID VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(4) MARY JANE KING DIRECTOR	2.00 0.00	X						0	0	0
(5) JEAN KOLLAR PRESIDENT	5.00 0.00	X		X				0	0	0
(6) JENNIFER MEISS DIRECTOR	2.00 0.00	X						0	0	0
(7) RITA RALSTON TREASURER	2.00 0.00	X		X				0	0	0
(8) ELLEN M OSBORNE EXECUTIVE DIRECTOR	40.00 0.00			X				50,000	0	4,968
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							50,000		4,968	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							50,000		4,968	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 114,368				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 98,147				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 212,515				
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	5		5	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 26,248				
		b Less: direct expenses	b 10,575			
c Net income or (loss) from fundraising events		u 15,673				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u 228,193	0	0	5		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	124,029	106,830	6,501	10,698
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,688	14,185	834	1,669
10 Payroll taxes	10,096	8,581	505	1,010
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,717	114	5,603	
12 Advertising and promotion	2,854			2,854
13 Office expenses	15,051	6,672	4,328	4,051
14 Information technology				
15 Royalties				
16 Occupancy	37,371	35,129	1,121	1,121
17 Travel	1,393	905	209	279
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,124	1,805	107	212
23 Insurance	1,136	738	341	57
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT AND SOFTWARE	6,090	6,090		
b BOOK/SUBSCRIPTIONS	4,918	4,770		148
c TEMPORARY ASSISTANCE	4,892	4,892		
d TELEPHONE	1,762	1,145	564	53
e All other expenses	1,210	763	206	241
25 Total functional expenses. Add lines 1 through 24e	235,331	192,619	20,319	22,393
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	86,376	1	77,440
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	63,140	3	72,754
	4 Accounts receivable, net	17,712	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,008	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,463		
	b Less: accumulated depreciation	10b 16,428	10c 4,617	25,035
	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	1,400	15	3,161
16 Total assets. Add lines 1 through 15 (must equal line 34)	176,253	16	178,390	
Liabilities	17 Accounts payable and accrued expenses	827	17	229
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	5,000
	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	7,339	25	12,212
	26 Total liabilities. Add lines 17 through 25	8,166	26	17,441
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	104,947	27	88,195
	28 Temporarily restricted net assets	63,140	28	72,754
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	168,087	33	160,949	
34 Total liabilities and net assets/fund balances	176,253	34	178,390	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,331
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	168,087
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	160,949

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

Employer identification number

35-2220618

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(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 II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,857	160,810	182,474	190,429	212,515	893,085
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	146,857	160,810	182,474	190,429	212,515	893,085
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						893,085

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	146,857	160,810	182,474	190,429	212,515	893,085
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,410	435	250	58	5	2,158
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						895,243

12 Gross receipts from related activities, etc. (see instructions) 12 26,248

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.76%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.92%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012**Name of the organization****LITERACY VOLUNTEERS OF
CHARLOTTEVILLE/ALBEMARLE****Employer identification number****35-2220618****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

-
- For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

-
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

▶ \$

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

Name of organization

LITERACY VOLUNTEERS OF

Employer identification number

35-2220618

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1--	C	\$ 21,660	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2--	C	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3--	C	\$ 37,853	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4--	C	\$ 25,287	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5--	T	\$ 10,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6--	CHARLOTTESVILLE VA 22901	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LITERACY VOLUNTEERS OF

Employer identification number

35-2220618

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7--	R	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	C	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	P R	\$ 39,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

LITERACY VOLUNTEERS OF CHARLOTTEVILLE/ALBEMARLE

Employer identification number

35-2220618

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding collections of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,108	246	21,862
d Equipment		19,355	16,182	3,173
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** **25,035**

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL LIABILITIES	12,212	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 12,212	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 228,193.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 235,331.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
u Attach to Form 990 or Form 990-EZ. **u** See separate instructions.

Open to Public Inspection

Name of the organization

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

Employer identification number

35-2220618

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>WORDPLAY EVENT</u>	_____	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	26,248			26,248
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	26,248			26,248
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,805			6,805
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,770			3,770
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,575
11 Net income summary. Combine line 3, column (d), and line 10				15,673	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

Employer identification number

35-2220618

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD IS PROVIDED A DRAFT COPY OF THE 990 FOR A REVIEW AND QUESTIONS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

POLICIES ARE EXPRESSED TO STAFF AND BOARD MEMBERS. THE BOARD DOES NOT
AUTHORIZE TRANSACTIONS IN WHICH THEY HAVE DEEMED THERE TO BE A CONFLICT OF
INTEREST. EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST
DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY AND MUST APPROVE ANY
SALARY INCREASES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION KEEPS
A PRINTED COPY OF ALL GOVERNING DOCUMENTS, APPROVED POLICIES AND FINANCIAL
STATEMENTS THAT CAN BE MADE AVAILABLE TO THE PUBLIC DURING THE YEAR.

REQUEST FOR 45R CREDIT ONLY

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2012

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning 07/01/12, and ending 06/30/13. See separate instructions.

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 178,390; D Employer identification number 35-2220618; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

H Describe the organization's primary unrelated business activity. u

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? u Yes No

J The books are in care of u ELLEN OSBORNE Telephone number u 434-977-3838

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach statement); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction (generally \$1,000); 34 Unrelated business taxable income. Subtract line 33 from line 32.

Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here **See instructions** and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ **(2)** \$ _____ **(3)** \$ _____

b Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) \$ _____
(2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c**

36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax (see instructions) **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. stmt.) **42**

43 Total tax. Add lines 41 and 42 **43** **0**

44a Payments: A 2011 overpayment credited to 2012 **44a**

b 2012 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f** **1,421**

g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total **u** **44g**

45 Total payments. Add lines 44a through 44g **45** **1,421**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **u** **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **u** **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **u** **48** **1,421**

49 Enter the amount of line 48 you want: Credited to 2013 estimated tax **u** **Refunded u** **49** **1,421**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here **u** **Yes** **No** **X**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. **Yes** **No** **X**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **u** \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional sec. 263A costs (attach stmt.)	4a				
b Other costs (attach statement)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **u** _____ **u** **EXECUTIVE DIRECTOR**

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTINA MONFALCONE, CPA** Preparer's signature: **CHRISTINA MONFALCONE, CPA** Date: **11/07/13** Check if self-employed PTIN

Firm's name: **MONFALCONE ACCOUNTING GROUP LLC** Firm's EIN: _____

Firm's address: **198 SPOTNAP RD STE C-5 CHARLOTTESVILLE, VA 22911-8614** Phone no.: **434-202-1722**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		

Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
--------------	--------------	---

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1) N/A			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals u	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
------------------------	---	---

Total dividends-received deductions included in column 8 **u**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals u	Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
------------------------	---	---

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	u			

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	u					

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	u					

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	u					

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u See separate instructions.

u Attach to your tax return.

OMB No. 1545-0172

2012

Attachment Sequence No. **179**

**LITERACY VOLUNTEERS OF
CHARLOTTESVILLE/ALBEMARLE**

Identifying number
35-2220618

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,124

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,124
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Form **8941****Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

Department of the Treasury
Internal Revenue Service**u Attach to your tax return.****2012****u Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.**Attachment
Sequence No. **63**

Name(s) shown on return

Identifying number

**LITERACY VOLUNTEERS OF
CHARLOTTEVILLE/ALBEMARLE****35-2220618**

1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1a	4
b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)	1b	
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	3
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	41,000
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions)	4	16,688
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	15,789
6 Enter the smaller of line 4 or line 5	6	15,789
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	3,947
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	3,947
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	1,421
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11 Subtract line 10 from line 4. If zero or less, enter -0-	11	16,688
12 Enter the smaller of line 9 or line 11	12	1,421
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	3
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	3
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	1,421
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19 Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	10,095
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20	1,421

For Paperwork Reduction Act Notice, see separate instructions.Form **8941** (2012)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	ADMIN COMPUTER AND SOFTWARE	4/01/05	1,025			1,025	5 MO S/L	1,025	0
2	ANTEC INTEL QUAD CORE	5/07/09	968			968	5 MO S/L	775	193
3	CANON IMAGE RUNNER 1023	7/31/08	1,350			1,350	5 MO S/L	1,350	0
4	DELL DIMENSION E250	6/15/07	1,424			1,424	5 MO S/L	1,424	0
5	HP CLJ4700D	4/10/09	1,496			1,496	5 MO S/L	1,197	299
6	MIRRA BACKUP SERVER	12/14/05	355			355	5 MO S/L	355	0
7	MS PROFESSIONAL FOR ED	5/04/09	499			499	5 MO S/L	499	0
8	MS PROFESSIONL FOR STUDENT	5/04/09	499			499	5 MO S/L	499	0
9	MS STANDARD FOR STUDENT	5/04/09	399			399	5 MO S/L	399	0
10	NETWORK CABLING	4/05/05	1,092			1,092	5 MO S/L	1,092	0
11	STUDENT COMPUTER VISTA 1	6/30/07	690			690	5 MO S/L	690	0
12	STUDENT COMPUTER VISTA 2	6/30/07	690			690	5 MO S/L	690	0
13	STUDENT COMPUTER VISTA 3	6/30/07	690			690	5 MO S/L	690	0
14	MS PROFESSIONAL FOR PA CO	5/04/09	499			499	5 MO S/L	499	0
15	MS STANDARD FOR STUDENTS	5/04/09	399			399	5 MO S/L	399	0
16	ASSETS IN PLACE BEFORE 6/30/04	6/30/04	864			864	5 MO S/L	864	0
17	SYX SMALL OFFICE QUAD	6/01/10	2,483			2,483	5 MO S/L	1,034	497
18	ROSETTA STONE SOFTWARE	5/06/11	1,200			1,200	3 MO S/L	466	400
19	SERVER UPGRADE	8/24/11	1,513			1,513	5 MO S/L	252	303
20	EXEC DIRECTOR COMPUTER	11/14/11	787			787	5 MO S/L	105	157
21	LAPTOP	3/05/13	433			433	5 MO S/L	0	29
22	LEASEHOLD IMPROVEMENTS	4/30/13	22,108			22,108	15 MO S/L	0	246
	Total Other Depreciation		<u>41,463</u>			<u>41,463</u>		<u>14,304</u>	<u>2,124</u>
	Total ACRS and Other Depreciation		<u>41,463</u>			<u>41,463</u>		<u>14,304</u>	<u>2,124</u>
	Grand Totals		41,463			41,463		14,304	2,124
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>41,463</u>			<u>41,463</u>		<u>14,304</u>	<u>2,124</u>

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	ADMIN COMPUTER AND SOFTWARE	4/01/05	0			0	0 HY	0	0
2	ANTEC INTEL QUAD CORE	5/07/09	0			0	0 HY	0	0
3	CANON IMAGE RUNNER 1023	7/31/08	0			0	0 HY	0	0
4	DELL DIMENSION E250	6/15/07	0			0	0 HY	0	0
5	HP CLJ4700D	4/10/09	0			0	0 HY	0	0
6	MIRRA BACKUP SERVER	12/14/05	0			0	0 HY	0	0
7	MS PROFESSIONAL FOR ED	5/04/09	0			0	0 HY	0	0
8	MS PROFESSIONL FOR STUDENT	5/04/09	0			0	0 HY	0	0
9	MS STANDARD FOR STUDENT	5/04/09	0			0	0 HY	0	0
10	NETWORK CABLING	4/05/05	0			0	0 HY	0	0
11	STUDENT COMPUTER VISTA 1	6/30/07	0			0	0 HY	0	0
12	STUDENT COMPUTER VISTA 2	6/30/07	0			0	0 HY	0	0
13	STUDENT COMPUTER VISTA 3	6/30/07	0			0	0 HY	0	0
14	MS PROFESSIONAL FOR PA CO	5/04/09	0			0	0 HY	0	0
15	MS STANDARD FOR STUDENTS	5/04/09	0			0	0 HY	0	0
16	ASSETS IN PLACE BEFORE 6/30/04	6/30/04	0			0	0 HY	0	0
17	SYX SMALL OFFICE QUAD	6/01/10	0			0	0 HY	0	0
18	ROSETTA STONE SOFTWARE	5/06/11	0			0	0 HY	0	0
19	SERVER UPGRADE	8/24/11	0			0	0 HY	0	0
20	EXEC DIRECTOR COMPUTER	11/14/11	0			0	0 HY	0	0
21	LAPTOP	3/05/13	0			0	0 HY	0	0
22	LEASEHOLD IMPROVEMENTS	4/30/13	22,108			22,108	15 MO S/L	0	246
Total Other Depreciation			<u>22,108</u>			<u>22,108</u>		<u>0</u>	<u>246</u>
Total ACRS and Other Depreciation			<u>22,108</u>			<u>22,108</u>		<u>0</u>	<u>246</u>
Grand Totals			22,108			22,108		0	246
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>22,108</u>			<u>22,108</u>		<u>0</u>	<u>246</u>

1095 LITERACY VOLUNTEERS OF

35-2220618

FYE: 6/30/2013

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
-------------	-------------	--------------	--------------------	------------	------------	--

There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
1	ADMIN COMPUTER AND SOFTWARE	4/01/05	1,025	0	0
2	ANTEC INTEL QUAD CORE	5/07/09	968	0	0
3	CANON IMAGE RUNNER 1023	7/31/08	1,350	0	0
4	DELL DIMENSION E250	6/15/07	1,424	0	0
5	HP CLJ4700D	4/10/09	1,496	0	0
6	MIRRA BACKUP SERVER	12/14/05	355	0	0
7	MS PROFESSIONAL FOR ED	5/04/09	499	0	0
8	MS PROFESSIONL FOR STUDENT	5/04/09	499	0	0
9	MS STANDARD FOR STUDENT	5/04/09	399	0	0
10	NETWORK CABLING	4/05/05	1,092	0	0
11	STUDENT COMPUTER VISTA 1	6/30/07	690	0	0
12	STUDENT COMPUTER VISTA 2	6/30/07	690	0	0
13	STUDENT COMPUTER VISTA 3	6/30/07	690	0	0
14	MS PROFESSIONAL FOR PA CO	5/04/09	499	0	0
15	MS STANDARD FOR STUDENTS	5/04/09	399	0	0
16	ASSETS IN PLACE BEFORE 6/30/04	6/30/04	864	0	0
17	SYX SMALL OFFICE QUAD	6/01/10	2,483	496	0
18	ROSETTA STONE SOFTWARE	5/06/11	1,200	334	0
19	SERVER UPGRADE	8/24/11	1,513	302	0
20	EXEC DIRECTOR COMPUTER	11/14/11	787	158	0
21	LAPTOP	3/05/13	433	86	0
22	LEASEHOLD IMPROVEMENTS	4/30/13	22,108	1,474	1,474
	Total Other Depreciation		<u>41,463</u>	<u>2,850</u>	<u>1,474</u>
	Total ACRS and Other Depreciation		<u>41,463</u>	<u>2,850</u>	<u>1,474</u>
	Grand Totals		<u>41,463</u>	<u>2,850</u>	<u>1,474</u>

LITERACY VOLUNTEERS OF
CHARLOTTEVILLE/ALBEMARLE

35-2220618 FORM 990-T ESTIMATES

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations)

(Keep for your records. Do not send to the Internal Revenue Service.)

2013

1	Unrelated business taxable income expected in the tax year	1
2	Tax on the amount on line 1. See instructions for tax computation	2
3	Alternative minimum tax (see instructions)	3
4	Total. Add lines 2 and 3	4
5	Estimated tax credits (see instructions)	5
6	Subtract line 5 from line 4	6
7	Other taxes (see instructions)	7
8	Total. Add lines 6 and 7	8
9	Credit for federal tax paid on fuels (see instructions)	9
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a
b	Enter the tax shown on the 2012 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b
c	2013 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	10/15/13	12/16/13	03/17/14	06/16/14
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12				
13	2012 Overpayment (see instructions)	13				
14	Payment due. (Subtract line 13 from line 12.)	14				

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>5</u>		14			
TOTAL	\$ <u><u>5</u></u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 5,717	\$ 114	\$ 5,603	\$
TOTAL	<u>\$ 5,717</u>	<u>\$ 114</u>	<u>\$ 5,603</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
STAFF DEVELOPMENT	\$ 798	\$ 359	\$ 200	\$ 239
MISCELLANEOUS	237	229	6	2
MEMBERSHIP DUES	175	175		
TOTAL	<u>\$ 1,210</u>	<u>\$ 763</u>	<u>\$ 206</u>	<u>\$ 241</u>

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Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 38,427
BLUE MOON FUND	
CASH CONTRIBUTION	21,660
CHARLOTTESVILLE AREA COMMUNITY FOUND	
CASH CONTRIBUTION	12,000
CITY OF CHARLOTTESVILLE	
CASH CONTRIBUTION	37,853
COUNTY OF ALBEMARLE	
CASH CONTRIBUTION	25,287
DOLLAR GENERAL LITERACY FOUNDATION	
CASH CONTRIBUTION	10,560
FARKAS FAMILY FOUNDATION	
CASH CONTRIBUTION	7,500
VIRGINIA LITERACY FOUNDATION	
CASH CONTRIBUTION	7,500
UNITED WAY	
CASH CONTRIBUTION	12,500
VIRGINIA DEPT OF EDUCATION	
CASH CONTRIBUTION	39,228
TOTAL	\$ <u>212,515</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 5
TOTAL	\$ <u>5</u>

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Schedule A, Part II, Line 12

Description	Amount
WORDPLAY EVENT	\$ 26,248
TOTAL	\$ <u>26,248</u>