## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

# Literacy Services of Indian River 59-1987210 County, Inc

Net Asset / Fund Balance at Be	ginning of Year				468,693
	3				
Revenue		267 106			
Contributions		267,196			
Program service revenue Investment income		16,905			
Capital gain / loss		10,905			
Fundraising / Gaming:					
Gross revenue	47,683				
Direct expenses	8,652				
Net income	0,002	39,031			
Other income		0			
Total revenue			32	23,132	
Expenses					
Program services		206,883			
Management and general		60,418			
Fundraising		29,847			
Total expenses			29	7,148	
Excess / (deficit)					25,984
Changes					
	B. I	f Vaar			494,677
Net Asset / Fund	Balance at End o	or Year			
Net Asset / Fund  Reconciliation of		n rear	Re	econciliation o	
Reconciliation of	Revenue		<b>Re</b> al expenses per	econciliation o	f Expenses
Reconciliation of otal revenue per financial statemen	Revenue		al expenses per		f Expenses
Reconciliation of otal revenue per financial statemen	Revenue	<b>784</b> Tota Less	al expenses per	financial staten	f Expenses
Reconciliation of otal revenue per financial statementes:	Revenue	<b>784</b> Tota Less	al expenses per s:	financial staten	f Expenses
Reconciliation of otal revenue per financial statemen ess: Unrealized gains	Revenue nts 331,	<b>784</b> Tota Less	al expenses per s: Donated service	financial staten	f Expenses nents 305,800
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other	Revenue nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjus Losses Other	financial staten	f Expenses
Reconciliation of otal revenue per financial statemeness: Unrealized gains Donated services Recoveries Other	Revenue nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjus Losses Other s:	financial staten es tments	f Expenses nents 305,800
Reconciliation of Total revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other Plus:  Investment expenses	Revenue nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjus Losses Other s: Investment expe	financial staten es tments	f Expenses nents 305,800
Reconciliation of fotal revenue per financial statemer ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue  nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjus Losses Other s: Investment expe	financial staten es tments enses	f Expenses nents 305,800
Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other Plus:  Investment expenses	Revenue nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjus Losses Other s: Investment expe	financial staten es tments	f Expenses nents 305,800
Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue  nts 331,	784 Tota Less 652	al expenses per s: Donated service Prior year adjust Losses Other s: Investment expe Other Total expen	financial staten es tments enses	f Expenses nents 305,800
Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue  nts 331,	784 Tota Less 652 Plus	al expenses per s:  Donated service Prior year adjust Losses Other s:  Investment experiment experi	financial staten es tments enses	f Expenses nents 305,800  8,652  297,148
Reconciliation of fotal revenue per financial statemer ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue  15 331,  8,0	784 Tota Less 652 Plus 132 Balance : Endin	al expenses per s: Donated service Prior year adjust Losses Other :: Investment experiment Total expension Sheet 9 2,972	financial staten es tments enses	f Expenses nents 305,800  8,652  297,148
Reconciliation of Total revenue per financial statemer Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	Revenue  15 331,  8,0  323,  Beginning 480,0 11,	784 Tota Less  652 Plus  132 Balance : Endin 010 502 317	al expenses per s: Donated service Prior year adjust Losses Other :: Investment experiment Total expension Sheet 9 2,972 3,295	financial statents es tments enses uses per return	## Style="background-color: blue;"> ## Style="background-color: lightblue;"> ## Style: lightblue;
Reconciliation of fotal revenue per financial statemer ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets	Revenue  15 331,  8,0  323,  Beginning 480,0 11,	784 Tota Less  652 Plus  132 Balance : Endin 010 502 317	al expenses per s: Donated service Prior year adjust Losses Other :: Investment experiment Total expension Sheet 9 2,972	financial staten es tments enses	## Stylenses   ## 19
Reconciliation of Total revenue per financial statementess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue  15 331,  8,0  323,  Beginning 480,0 11,3 468,0	784 Tota Less  652 Plus  132  Balance : Endin 010	al expenses per s: Donated service Prior year adjust Losses Other :: Investment experiment Total expension Sheet 9 2,972 3,295	financial statents es tments enses uses per return	## Style="background-color: blue;"> ## Style="background-color: lightblue;"> ## Style: lightblue;
Reconciliation of Total revenue per financial statementess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 480,0 11,3 468,0 Misce Amended return	784 Tota Less  652 Plus  132  Balance : Endin 010 502 317 693 494  ellaneous Information	al expenses per s: Donated service Prior year adjust Losses Other : Investment experiment Total expension Sheet 9 2,972 3,295 4,677	financial statents es tments enses uses per return	### Section 19
Reconciliation of Total revenue per financial statemer Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue  15 331,  8,0  323,  Beginning 480,0 11,3 468,0	784 Tota  Less  652  Plus  132  Balance : Endin 010	al expenses per s: Donated service Prior year adjust Losses Other :: Investment experiment Total expension Sheet 9 2,972 3,295	financial statents es tments enses uses per return	## Style="background-color: blue;"> ## Style="background-color: lightblue;"> ## Style: lightblue;

Name of file

Form 8879-TF

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

7/01 2023, and ending 6/30, 20 24

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

For calendar year 2023, or fiscal year beginning ....

EIN or SSN Literacy Services of Indian River County, Inc 59-1987210

Name and title of officer or person subject to tax JoAnn Hitt President

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a. 2a. 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

		•							
1a	Form	<b>990</b> check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	323,132		
2a	Form	990-EZ check here	Ц	b	Total revenue, if any (Form 990-EZ, line 9)	2b			
3a	Form	1120-POL check here	Ц		Total tax (Form 1120-POL, line 22)	3b			
4a	Form	990-PF check here	Ш		Tax based on investment income (Form 990-PF, Part V, line 5)	4b			
5a	Form	8868 check here	Ц	b	Balance due (Form 8868, line 3c)	5b			
		<b>990-T</b> check here	Ц		Total tax (Form 990-T, Part III, line 4)				
		<b>4720</b> check here	Ц		Total tax (Form 4720, Part III, line 1)				
		<b>5227</b> check here	Ц	b	FMV of assets at end of tax year (Form 5227, Item D)	8b			
9a	Form	<b>5330</b> check here	Ц	b	<b>Tax due</b> (Form 5330, Part II, line 19)	9b			
10a	Form	8038-CP check here	Ш	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b			
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax									
Und	er pena	alties of perjury, I declare tha	t <b>X</b>	ī	am an officer of the above entity or	ith respe	ect to (name		

of entity) , (EIN) and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X	l authorize .	McCain	and	Samons,	LLC	to	o enter my PIN	32968	as my	signature
				ERO firm nai	me		,	Enter five number	,	Ü
								do not optor all =	0.00	

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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. 12/13/24

Signature of officer or person subject to tax

### Certification and Authentication

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

65705632960

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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.

12/13/24 ERO's signature \_

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

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023 Open to Public Inspection

OMB No. 1545-0047

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

<u>A</u> _	For th	e 2023 (	calendar year, or tax year beginning) /				<del></del>		
<u>B</u>	Check if a	applicable:	C Name of organization Literacy S	Services	of Indian	River		D Employe	r identification number
Ш	Address of	change	County, Ir	nc					
$\overline{\Box}$	Name cha	ange	Doing business as						987210
H	Initial retu	Ĭ	Number and street (or P.O. box if mail is not delive 1600 21st Street	red to street addre	ess)		Room/suite	E Telephon	ne number 778-2223
	Final retur		City or town, state or province, country, and ZIP or	foreign postal cod	le				
믬	terminated	d	Vero Beach	FL 32960				<b>G</b> Gross red	ceipts\$ 331,784
$\sqsubseteq$	Amended	return	F Name and address of principal officer:						
	Application	n pending	JoAnn Hitt				H(a) Is this a gro	oup return for	subordinates Yes X No
_							H(b) Are all sub	ordinates inc	cluded? Yes No
							If "No,"	attach a list	. See instructions
_	Tay ayan	met status	<b>X</b> 501(c)(3) 501(c) ( ) (inse	ort no )	4047(a)(1) ar	527	$\dashv$		
<u>-</u>		mpt status:	X 501(c)(3) 501(c) ( ) (inserwww.literacyservicesia		4947(a)(1) or	527	- 11/2) 0		
<u>J</u>	Website:					L	Year of formation: 19		
	Part I			Other		L	Year of formation: 1	913	M State of legal domicile: <b>FL</b>
			ımmary						
Ф			escribe the organization's mission or mos						
ũ			mission of Literacy Serv				=		
E.			rehensive and innovative					adults	s seeking
Governance			ish language and literac						
Ö			is box if the organization discontinued	-		f more than	25% of its net as	ssets.	
∞ಶ			of voting members of the governing body						12
ies			of independent voting members of the go						12
₹	5 7	Total nun	mber of individuals employed in calendar	year 2023 (Pa	art V, line 2a)			. 5	7
Activities	1		mber of volunteers (estimate if necessary						145
•	7a ⊺	Total unre	elated business revenue from Part VIII, c	column (C), lin					0
			lated business taxable income from Form					7b	0
							Prior Yea	r	Current Year
Ф	8 (	Contributi	ions and grants (Part VIII, line 1h) $\dots$				227	,412	267,196
ű	9 Program service revenue (Part VIII, line 2g)								0
Revenue			nt income (Part VIII, column (A), lines 3,	4 7-1		12	,060	16,905	
Ř			venue (Part VIII, column (A), lines 5, 6d, 8		,663	39,031			
			enue – add lines 8 through 11 (must equ					,135	323,132
			nd similar amounts paid (Part IX, column					, = = =	0
			paid to or for members (Part IX, column (						0
	ء ـ د ا		other compensation, employee benefits (				192	,366	226,401
Expenses	160					10)	172	,500	220,401
en	loar	Total fun	onal fundraising fees (Part IX, column (A)	, illie Tie) <sub></sub>	20 0				<u> </u>
X	47	Other eve	draising expenses (Part IX, column (D), lines (A), lines (14s, 4	11le 25)	29,0	<b>4</b> /	60	,810	70,747
_	17		penses (Part IX, column (A), lines 11a-1						
			penses. Add lines 13–17 (must equal Part					,176	297,148
<u> </u>	19 +	Revenue	less expenses. Subtract line 18 from line	9 12			Beginning of Curi	, 959	25,984 End of Year
sts	20.7	Tatal ass	ata (Dart V. lina 46)					,010	502,972
Net Assets or	20 1	Total ass	ets (Part X, line 16)					,317	
<u>= 1</u>	21 1								8,295
	•		ts or fund balances. Subtract line 21 from	1 line 20			400	, 693	494,677
	art II		gnature Block						
			perjury, I declare that I have examined this re						f my knowledge and belief, it
	ue, corre	eci, and c	complete. Declaration of preparer (other than of	onicer) is based	on all inionnation	1 of which pre	parer has any kno	wieuge.	
		l							
Siç		1 -	of officer					Date	
He	re	JoAr	nn Hitt		Pres	sident			
		Type or p	orint name and title						
		Print/Type	e preparer's name	Preparer's signa	ture		Date	Check	if PTIN
Pai	d	Anabel	la Fiorini Brandes CPA				12/13/	'24 self-em	pployed P01236263
Pre	parer	Firm's na	M-0-11 0	nons, L	LC			rm's EIN	46-1420272
Use	Only		1826 14th Ave				1	-	
		Firm's ad	77 D1- ET		_ 0-0430		Di	none no.	772-978-7277
Ma	v the IF		ss this return with the preparer shown ab				1''		Yes No

	<u>vices of Indian River 5</u>	39-196/210	Page <b>2</b>
	n Service Accomplishments		
	contains a response or note to any line	e in this Part III	<u> </u>
comprehensive and in	ssion: racy Services of Indian nnovative learning oppor I literacy skills to ac	rtunities to local	adults seekin
prior Form 990 or 990-EZ?  If "Yes," describe these new services			Yes X No
	g, or make significant changes in how it conduction	. ,, ,	Yes X No
4 Describe the organization's program s	service accomplishments for each of its three la (c)(4) organizations are required to report the a	= : = :	=
The organization ser by providing English programs is to empow	206,883 including grants of\$ rves adults living in I n language and literacy wer adults with the lite d achieve their goals.	ndian River County, instruction. The p eracy skills they n	Florida urpose of its eed to thrive
• • • • • • • • • • • • • • • • • • • •			
•			
h (Code: \ ) (Evnenses \$	including grants of\$	\ (Revenue \$	
NT / 7x			
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c (Code: ) (Expenses \$	including grants of\$		
c (Code: ) (Expenses \$			
c (Code: ) (Expenses \$			
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c (Code: ) (Expenses \$ N/A	including grants of\$		
c (Code: ) (Expenses \$	including grants of\$		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		٦,	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
_	complete Schedule D, Part VI	11a	х	
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	11b		X
С	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
<b>h</b>	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-2	If "Yes," complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	, , , , , , , , , , , , , , , , , , , ,			

_ P	Checklist of Required Schedules (Continued)			
22	Did the averagination report many then 05 000 of events on other assistance to an few democities individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		<b>.</b>
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
2	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			۱
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	00	v	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
ra	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N <sub>C</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 5  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		х

	990 (2023) Literacy Services of Indian River 59-1987					Page 5			
	rt V Statements Regarding Other IRS Filings and Tax Compliance (co.	riuriu T	<del>ea)</del> 		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		7						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		21-	X				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	S?	2b	-	x			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	$\overline{}$	<u> </u>			
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Sche</i>				<del>'                                     </del>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or		-	40		x			
<b>h</b>	a financial account in a foreign country (such as a bank account, securities account, or other final	inciai a	account)?	4a					
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance								
E o			·	E 0		х			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.		 on?	5b		X			
C	If "Vee" to line 5 or 5b did the executation file 5 over 0000 TO			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and control of the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are not greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have a greater than \$100,00	id the			1				
va	organization solicit any contributions that were not tax deductible as charitable contributions?	iiu iiie		6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contri	 hution				122			
b	qifts were not tax deductible?	Dution	3 01	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	nods						
u	Overvous manifest and to the management	_		7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was							
·	required to file Form 92922	ii waa		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		ntract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		-						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint								
	sponsoring organization have excess business holdings at any time during the year?		•	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	)		9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form	1041?	12:	a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13	a				
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which		1						
	the organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a						X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch			141	<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	nunera	ation or						
	excess parachute payment(s) during the year?			15		X			
If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	ment i	ncome?	16		X			
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Page	6
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- •	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es on	Sch	edule C	). See		uction
Sec	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management				<u></u>		_X_
<del>, , , , , , , , , , , , , , , , , , , </del>	tion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1:	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	mou.			5		Х
6	Did the examination have members or stockholders?				6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
ı a					7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,				/ a		- 22
b					76		х
0	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the				7b		
В	The managing had O	-	-			v	
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	<u> </u>	
•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9	\	X
ec	tion B. Policies (This Section B requests information about policies not required by the	inte	mai	Reven	ue Co		
_						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the fo	orm?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?				14	X	
5	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a tayable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?				16b		
-	tion C. Disclosure				100		
7	List the states with which a copy of this Form 990 is required to be filed <b>None</b> Section 6104 requires an arganization to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	·ı (se	cuon	ου I (C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
_	Own website Another's website Upon request Other (explain on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	est po	licy,			
	and financial statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's books and	recor	ds.				
	elissa Medlock 3885 20th St						
Ve	ero Beach FL 3296	50		772	-22	5-72	297

Form 990 (2	2023) Literacy	<u>Services</u>	<u>of Indian</u>	River	59-1987210	Page
Part VII	Compensation of	of Officers, Di	rectors, Trustee	s, Key Em	ployees, Highest	Compensated Employees, and
	Independent Co	ontractors		_		

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

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	, unle cer ar	ss pe	ition more rson i	than o is both or/truste	an ee)	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Lt Joe Abollo										
Director	2.00	x						0	0	0
(2) Samia Bennouna										
Director	2.00	x						0	0	0
(3) Nick Bruce	0.00	^						0	<u> </u>	0
Director	2.00	x						0	0	0
(4) JoAnn Hitt	0.00	<b>├</b> ^						0	<u> </u>	0
President	2.00	x		x				0	0	0
(5) Kent Jones										
	2.00									
Director	0.00	X						0	0	0
(6) Judge Paul Kana										
Director	2.00 0.00	X						0	0	0
(7) Chris Locke	0.00	^						0	<u> </u>	0
(., 011213 130116	2.00									
Treasurer	0.00	X		X				0	0	0
(8) Karen Maltis										
<u></u>	2.00	l								
Director	0.00	X						0	0	0
(9) Sandy Mann	2.00									
Director	0.00	x						0	0	0
(10) Lauren Michaels										
	2.00									
Vice President	0.00	X		X				0	0	0
(11) John Musselman	2.00									
Director	0.00	x						0	0	0
	•	•						•		Form 990 (2023)

Part VII	Section A. Officei	rs, Directors, 11	rust	ees,	ney	<u> </u>	ipioy	/ees	, and Highest Compens	rated Employees (continu	<i>1ea)</i>		
Nar	(A) ne and title	(B) Average hours per week	bo:	x, unle	Pos check ess pe	rson directo	than of the thick that the thick the thick the thick the thick the thick the thic	an tee)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		( <b>F)</b> imated ar of other ompensat	r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the ganization ed organi	and
(12)	ris Steink	2.00					8						0
Director (13) Lo	rna Stenge	0.00	X						0	0			0
(13)		2.00	x						0	0			0
(14)													
(15)													
(16)													
(17)													
(18)													
(19)													
c Total fro	m continuation sh	eets to Part VII	, Se	ctio	n A.								
2 Total nur		including but no	t lim	ited					pove) who received more	than \$100,000 of			
3 Did the c	organization list any	former officer, of	direc	tor,					loyee, or highest compens	sated			Yes No
4 For any i organizat	ion and related org	ine 1a, is the su	m o	f rep	ortal	ole d	omp	ensa	atation and other compensa s," complete Schedule J fo	tion from the		3	X
	person listed on line		accru	ie co	ompe	ensa	tion		n any unrelated organization  e J for such person	on or individual		5	x
	dependent Contract this table for your		nner	nsate	d in	dene	ende	nt co	ontractors that received m	ore than \$100,000 of			
	ation from the orga	nization. Report							endar year ending with or	within the organization's	tax year		(C)
	Name an	(A) d business address							Descrip	(B) tion of services		Com	(C) pensation
	mber of independen more than \$100,00								those listed above) who	0			
DAA	more man \$100,00	o or compensati	UII I	IUIII	u IC	orga	ııızd	UUII		U		Form	990 (2023)

<b>P</b> a	art v			o <b>r Revenue</b> Jedule O con	tains	a resp	onse or no	te to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nt <del>s</del> nts	1a	Federated cam	paigns	 S	1a						
ອ ອີດ	b	Membership du	es		1b						
Ä,	c	Fundraising eve	ents		1c						
ᅙ	d	Related organiz	zations	·····	1d						
Si.	e	Government grants (			1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts r	, gifts, g	rants,	1f		267,196				
ള	g	Noncash contributions lines 1a-1f			1g	\$	4,500				
a So	h	Total. Add lines						267,196			
							Business Code				
පු	2a										
٠ <u>٩</u>	b										
ŠŽ	С										
Program Service Revenue	d										
5 20 20 20 20	e										
Δ.	f	All other progra									
	l	Total. Add lines									
		Investment inco									
	•	other similar an						16,905	16,905		
	4	Income from inv	/estm	ent of tax-exem	pt bor	nd procee	eds	,	,		
	5				•	•					
	•	, <b>,</b>		(i) Real			Personal				
	6a	Gross rents	6a			( )					
	b	Less: rental expenses									
		Rental inc. or (loss)	6c								
	4	Net rental incon		(loss)							
	7a	Gross amount from	ie oi	(i) Securities			Other				
		sales of assets	70	(i) Occurred		(",	, outer				
<u>o</u>	۱ .	other than inventory  Less: cost or other	7a								
anc	"		7h								
ě	_	basis and sales exps.	7b 7c								
Other Revenue	ı	Gain or (loss) Net gain or (los				1					
the		-			· · · · · · ·	<u> </u>					
0	oa	Gross income from									
		(not including \$									
		of contributions re			0-		47,683				
	.	1c). See Part IV, li			8a		8,652				
		Less: direct exp			8b	<u> </u>		39,031			
	I	Net income or (		-	even	IS		39,031			
	9a	Gross income f	_	-							
	.	activities. See F			9a						
	ı	Less: direct exp			9b						
		Net income or (			tivities						
	10a	Gross sales of									
	١.	returns and allo			10a						
	I	Less: cost of go			10b						
	C	Net income or (	ioss)	trom sales of in	ventor	у					
SN.							Business Code				
e e	11a										
e a	b										
Miscellaneous Revenue	C										
žΞ	d	All other revenu	ıe								
	e	Total. Add lines	11a-	-11d							
	12	Total revenue.	See	instructions				323,132	16,905	0	0

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a respo			complete column (A).	$\Box$
Do 1	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олреново	goneral oxpenses	5/ps/1005
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. 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)	100 544	1.17.000	26.226	06.006
7	Other salaries and wages	199,741	147,289	26,226	26,226
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26.660	22 650	2 005	2 005
10	Payroll taxes	26,660	22,650	2,005	2,005
11	Fees for services (nonemployees):				
a	Management				
b C	Legal				
d	Accounting Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	9,600		9,600	
12	Advertising and promotion	3,314		3,314	
13	Office expenses	4,643		3,027	1,616
14	Information technology	,		,	•
15	Royalties				
16	Occupancy	8,550	7,650	900	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,125	1,125		
20	Interest				
21	Payments to affiliates	7 467		4.64	
22	Depreciation, depletion, and amortization	1,461		1,461	
23	Insurance	2,560		2,560	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Skill Books	17,420	17,420		
b	Dues and Subscriptions	8,658	4,650	4,008	
C	Equipment Rental	4,293	- , 000	4,293	
d	Contract Labor	4,075	4,075	-,255	
	All other expenses	5,048	2,024	3,024	
25	Total functional expenses. Add lines 1 through 24e	297,148	206,883	60,418	29,847
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 her				
	following SOP 98-2 (ASC 958-720)				000

32 Total net assets or fund balances
33 Total liabilities and net assets/fund balances

		0 (2023) Literacy Services of	Indian	River 59-	1987210		Page <b>11</b>
P	art )		_4_ 4	in this David			
_		Check if Schedule O contains a response or n	ote to any line	e in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			64,148	1	56,849
	2	Savings and temporary cash investments			376,787	2	431,839
	3	Pledges and grants receivable, net			25,000	3	101/000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for				-	
	•	trustee, key employee, creator or founder, substanti	-	·			
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified		defined			
Ś		under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
Ą	8	Inventories for sale or use				8	
	9	Dranaid avanages and deformed charges			2,750	9	3,077
	10a	Land, buildings, and equipment: cost or other			•		,
		basis. Complete Part VI of Schedule D	10a	22,498			
	b	Less: accumulated depreciation	10b	11,291	4,721	10c	11,207
	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			6,604	15	
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			480,010	16	502,972
	17	Accounts payable and accrued expenses			1,304	17	1,550
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedul	e D		21	
es	22	Loans and other payables to any current or former	officer, directo	r,			
Liabilities		trustee, key employee, creator or founder, substanti					
jab		controlled entity or family member of any of these p	ersons			22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17-	-24). Complete	e Part X			
		of Schedule D			10,013	25	6,745
	26	<b>Total liabilities.</b> Add lines 17 through 25			11,317	26	8,295
es		Organizations that follow FASB ASC 958, check	here X				
Š		and complete lines 27, 28, 32, and 33.			465 600		400 505
<u>3a</u>	27				467,693	27	493,787
힏	28	Net assets with donor restrictions			1,000	28	890
בַּ		Organizations that do not follow FASB ASC 958,	check hei				
_ o		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			160 602	31	101 677
Š	32	Total net assets or fund balances			468,693	32	494,677

494,677 502,972 Form **990** (2023)

480,010 33

orm	1 990 (2023) Literacy Services of Indian River 59-1987210			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		25,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	8,6	<u> </u>
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	49	4,6	<u> 677</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of th	e organization	_	Services of	India	n Riv	ver			tification number	
Da	rt l	Pose	County, I	arity Status. (All or	aonization	20 mus	t comp	lote this part	59-198		
									) See Ilist	TUCLIONS.	
1	ng.		•	pecause it is: (For lines of or association of church	•		•	•			
2	Н							(D)(T)(A)(I).			
3	Н			(b)(1)(A)(ii). (Attach Sch	-	-	-	\/ <b>A</b> \/;;;\			
_	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .  A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name,										
-	city, and state:										
5											
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local governme	nt 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	y trust described in se	ction 170(b)(1)(A)(vi). (	Complete Pa	art II.)					
9		An agricultur	ral research organization	on described in <b>section</b>	170(b)(1)(A	<b>A)(ix)</b> op	erated in	conjunction with	a land-grant	college	
			or a non-land-grant co	llege of agriculture (see	instructions	). Enter	the name	e, city, and state	of the colleg	e or	
		university:									
10	X			ves (1) more than 33 1/3							
				s exempt functions, subjections and unrelated busin							
			0	June 30, 1975. See <b>sec</b> t			`	,	iii badiiiddd	•	
11			=	rated exclusively to test				· ·			
12	П	An organizat	ion organized and ope	rated exclusively for the	benefit of, t	o perforr	n the fur	ctions of, or to o	arry out the	purposes of	
	_			ganizations described in							
			•	hat describes the type of	•	•		•		-	
	а			on operated, supervised		-				y giving	
				ne power to regularly app nust complete Part IV,		-	ority of th	e airectors or tru	stees of the		
	b			ion supervised or contro			ith ite ei	inported organiza	ation(e) by b	avina	
	D			supporting organization v						=	
			_	nplete Part IV, Sections		o carrio p	,0,00,10	nat control of the	anago aro oa	pportod	
	С	Type III	functionally integrate	ed. A supporting organization	ation operat	ted in co	nnection	with, and function	nally integra	ted with,	
			- ::::	see instructions). You mu	_						
	d		•	grated. A supporting org		•				` '	
				ed. The organization gen You must complete Pa					and an atten	tiveness	
	е	_ ·	,	on received a written det					me II Tyne I	II	
	C			III non-functionally integ					pe II, Type I	11	
	f		mber of supported org		5 11	J	J				
	g	Provide the	following information a	bout the supported orga	nization(s).						
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organ	nization	(iv) Is the	organization	(v) Amount of	monetary	(vi) Amount of	
	org	anization		(described on line		-	r governing	support		other support (see	
				above (see instru	ctions))	docur Yes	No	instructio	ins)	instructions)	
(A)						165	NO				
(~)											
(B)											
(-)											
(C)											
							<u> </u>				
(D)											
(E)		·									
Total											

n 990) 2023 Literacy Services of Indian River 59-1987210
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12		(coo instruction	c)			12	
13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the				voor os a soction F	· · · · · · · · · · · · · · · · · · ·	
13	organization, check this box and <b>stop he</b>	•					
Sec	tion C. Computation of Public S		entage				
<u></u> 14	Public support percentage for 2023 (line			lumn (f))		14	%
15	Public support percentage from 2022 Sch	hedule A Part II	line 14			15	%
	<b>33 1/3% support test — 2023.</b> If the org	anization did not	check the box on	line 13, and line	14 is 33 1/3% or r	more check this	
	box and <b>stop here</b> . The organization qu			ti		<b>,</b>	
b	33 1/3% support test — 2022. If the org						
	this box and <b>stop here</b> . The organization					, , , , , , , , , , , , , , , , , , ,	
17a	10%-facts-and-circumstances test —						<b>-</b>
	10% or more, and if the organization me	_					
	Part VI how the organization meets the				-	•	
b	organization  10%-facts-and-circumstances test —  15 is 10% or more, and if the organization	<b>2022.</b> If the organon meets the factor	nization did not che s-and-circumstanc	eck a box on line es test, check this	13, 16a, 16b, or 1 s box and <b>stop h</b> e	7a, and line ere. Explain	
	in Part VI how the organization meets th				•		
40	organization			40h 47 47'			Ц
18	<b>Private foundation.</b> If the organization of instructions						
							A (Farme 000) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	288,265	212,232	221,001	227,412	267,196	1,216,106
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	288,265	212,232	221,001	227,412	267,196	1,216,106
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1,216,106
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	288,265	212,232	221,001	227,412	267,196	1,216,106
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .	2,087	360	671	12,060	16,905	32,083
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3					
С	Add lines 10a and 10b	2,087	360	671	12,060	16,905	32,083
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		29,816				29,816
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	290,352	242,408	221,672	239,472	284,101	1,278,005
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	ere		urth, or fifth tax ye			
Sec	tion C. Computation of Public S						
15	Public support percentage for 2023 (line			lumn (f))			95.16%
16	Public support percentage from 2022 Sci						96.16%
<u>Sec</u>	tion D. Computation of Investm						
17	Investment income percentage for 2023			: 13, column (f))			3 %
	vestment income percentage from 2022						1 %
19a	<b>33 1/3% support tests</b> — <b>2023.</b> If the or						T-
b	17 is not more than 33 1/3%, check this 33 1/3% support tests — 2022. If the or	-	_			-	
-	line 18 is not more than 33 1/3%, check	this box and <b>stop</b>	<b>here.</b> The organi	zation qualifies as	a publicly suppo	rted organization .	
20	<b>Private foundation.</b> If the organization of	did not check a box	on line 14, 19a,	or 19b, check this	s box and see inst		/Form 000\ 2022

#### Supporting Organizations Part IV

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		100	110
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	00		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	. 34		
	10b		90) 2023
chec	dule A	(Form 9	90) 2023

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Literacy Services of Indian River 59-1987210 Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 2 how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would 2b have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

	ule A (Form 990) 2023 Literacy Services of India:			210 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting O			1//\ 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on		• •	•
	instructions. All other Type III non-functionally integrated supporting organizations r	must c	complete Sections A throi	
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		Ι.		(optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4		4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	· · ·	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
•	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023

a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A (Fo	Supp III, lir B, lin	<b>olement</b> ne 12; P nes 1 an	art IV, d 2; Pa	ormation. I Section A, art IV, Sect	Provide the e lines 1, 2, 3 ion C, line 1;	explanation b, 3c, 4b, ; Part IV, S	ns required by 4c, 5a, 6, 9a, Section D, line	Part II, line 9b, 9c, 11a s 2 and 3;	i, 11b, and 11c; Part IV, Section	Page 8 17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b, Part V, Section E,
Don't 1				-	ete this part f		ditional inform	nation. (See	instructions.)	
Part 1	÷.÷.÷.,	TTITE	. 12	- Other		petar.		,816		
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DAA Schedule A (Form 990) 2023

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number Name of the organization Literacy Services of Indian River 59-1987210 County, Inc Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2. to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

Literacy Services of Indian River 59-1987210 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 Johns Island Community Service Leadu Person 4445 N FL A1A Suite 234 Pavroll 30,000 Noncash Vero Beach FL 32963 (Complete Part II for noncash contributions.) (b) (c) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 Indian River Community Foundation Person P.O. Box 643968 Payroll \$ 25,000 Noncash Vero Beach FL 32964 (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 3 Dollar General Literacy Foundation Person P.O. Box 1064 Payroll 8,000 Noncash Goodlettsville **TN** 37070 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4.... Grand Harbor Community Outreach Person P.O. Box 644017 Payroll \$ 12,000 Noncash Vero Beach FL 32964 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5 Larry & Susan Salustro Person 235 Oak Hammock Ct SW Payroll 6,200 Noncash Vero Beach FL 32962 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Roberta Titelman Person 200 Beachview Dr Pavroll \$ 10,000 Noncash Vero Beach FL 32963 (Complete Part II for noncash contributions.)

Employer identification number 59-1987210

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Head Heart & Hands of IRC 800 Carolina Circle SW Vero Beach FL 32962	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Four Four Foundation N16 W23217 Stone Ridge Dr Waukesha WI 53188	\$ 5,000	Person X Payroll Unoncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Syde Hurdus Foundation 201 W Passaic St Ste 200 Rochelle Park NJ 07662	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4  JM Hopwood Charitable Trust 275 66th Ave  Vero Beach FL 32968	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Camp Younts Foundation PO Box 813 Franklin VA 23851	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Minotty Family Foundation 1 Town Center Rd Boca Raton FL 33486	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Literacy Services of Indian River

Employer identification number 59-1987210

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ProLiteracy 308 Maltbie Street, Suite 100 Syracuse NY 13204	\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Kingsbury Family Fund 4310 Garden Trail Austin TX 78746	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 15	Name, address, and ZIP + 4  Community Foundation New Jersey P.O. Box 338  Morristown NJ 07963	Total contributions  \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
16	Johns Island Foundation 4445 Highway A1A ste 234  Vero Beach FL 32963	Total contributions  \$ 9,625	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Susan Sheehan 2100 Indian Creek Blvd E Vero Beach FL 32966	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Paul Minotty 5570 Las Brisas Dr Vero Beach FL 32967	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

L	of the organization iteracy Services of Indian River		. ,	identification number
	ounty, Inc			987210
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	n Form 000 Part IV line 6	or Acc	ounts
	Complete if the organization answered Tes o	(a) Donor advised funds	()-	o) Funds and other accounts
4	Total number at and of year	(a) Donor advised lunds	(L	n runus and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised		
٥	funds are the organization's property, subject to the organization's			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors			
·	only for charitable purposes and not for the benefit of the donor or of			
	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements			
	Complete if the organization answered "Yes" o	n Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization (che			
•	Preservation of land for public use (for example, recreation or e		v importai	nt land area
	Protection of natural habitat	Preservation of a certified h		
	Preservation of open space	r recervation or a continue r		dotaro
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	conservat	ion
	easement on the last day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements		-	
b				
С			20	
d	Number of conservation easements included on line 2c acquired aft			
	on a historic structure listed in the National Register	• • •	2d	
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	<u> </u>	during the
	tax year			· ·
4	Number of states where property subject to conservation easement	is located		
5	Does the organization have a written policy regarding the periodic r			
	violations, and enforcement of the conservation easements it holds			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling			ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements	s during the year
				,
8	Does each conservation easement reported on line 2d above satisf	y the requirements of section 170(h)(4)(	(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation eas			nd balance
	sheet, and include, if applicable, the text of the footnote to the orga	nization's financial statements that desc	ribes the	
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of A		ner Sim	ilar Assets
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	alance sh	neet works
	of art, historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of p	oublic
	service, provide in Part XIII the text of the footnote to its financial st	atements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to re-			
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtheran	ice of pub	olic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(III) A t- in look - in- France 000 Dept V			\$
2	If the organization received or held works of art, historical treasures			the the
	following amounts required to be reported under FASB ASC 958 re-	_		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) 2023 Literacy							Page <b>2</b>
Pa	rt III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures,	or Other	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, acce collection items (check all that apply).	ssion, and other reco	rds, check any of the	following that	make significa	ant use of its		
а	Public exhibition	d 🗍 I	Loan or exchange pro	ogram				
b	Scholarly research	<del></del>						
С	Preservation for future generations							
4	Provide a description of the organization's	s collections and expla	ain how they further	the organization	n's exempt pu	rpose in Part		
	XIII.	'	,	3		•		
5	During the year, did the organization solid	cit or receive donation	s of art, historical tre	asures, or othe	er similar			
	assets to be sold to raise funds rather that		•	· ·			. TY6	s No
Pa	rt IV Escrow and Custodial		, ,					
	Complete if the organizat	_	s" on Form 990,	Part IV, line	9, or repo	rted an am	ount on	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus		•					┌
_							Ye	s No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table.				Λ	
						<u> </u>	Amount	<u> </u>
						1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount o							· 🛏 ·
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has bee	n provided on	Part XIII			
Pa	rt V Endowment Funds		-" -·· F-··· 000	D = 1 1 / 1 !:	40			
	Complete if the organizat			1				
		(a) Current year	(b) Prior year	(c) Two years	back (d) Ti	nree years back	(e) Four	years back
	Beginning of year balance	27,294	25,000	0.5	000			
	Contributions	26,000		25	,000			
С	Net investment earnings, gains, and	2 22	0.004					
_	losses	3,886	2,294					
	Grants or scholarships							
е	Other expenditures for facilities and							
_	programs							
	Administrative expenses							
g	End of year balance	57,180	27,294		,000			
2	Provide the estimated percentage of the	,	nce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment	%						
	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c	•						
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and administer	ed for the		ſ	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	<u> </u>
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related orga			l?			3b	
	Describe in Part XIII the intended uses of		ndowment funds.					
Pa	rt VI Land, Buildings, and Ed			5 ( 0 ( 0				
	Complete if the organizati							
	Description of property	(a) Cost or other b	''		(c) Accumula		(d) Book	value
		(investment)	(othe	er)	depreciation	1		
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment			6,726		,397		2,329
	Other			L5,772	6	,894		8,878
Total	L Add lines 1a through 1e (Column (d) mu	ist equal Form 990 F	Part X line 10c colum	nn (B))			1	1 207

Schedule D (F	form 990) 2023 Literacy Services of	Indian Rive	r 59-1987210	Page <b>3</b>
Part VII	Investments – Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV	/ line 11b See Form 9	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related	l		
	Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	of valuation:
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	in the mount against Forms 2000, Plant V. line 42, and t.P.V.			
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets			
I dit ix	Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11d See Form 9	990 Part X line 15
	(a) Description	11 1 01111 000, 1 ait 10	, 1110 114. 000 1 01111 0	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	F 000 Dt N	/ line 44 44f O	F 000 D+ V
	Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV	, line The or Th. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			(b) Book value
	ned Payroll			6,745
(3)				7,120
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))			6,745
•	uncertain tax positions. In Part XIII, provide the text of the	•		· —
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	heck here if the text of the	ne footnote has been provide	ed in Part XIII

Sche	edule D (Form 990) 2023 Literacy Services of Indian	River	59-198721	0	Page <b>4</b>
Pa	Reconciliation of Revenue per Audited Financial State		•	Return	
1	Complete if the organization answered "Yes" on Form 990  Total revenue, gains, and other support per audited financial statements			1	331,784
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				331,704
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	8,652		
е	Add lines 2a through 2d			2e	8,652
3	Subtract line 2e from line 1			3	323,132
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
_	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)			4c 5	202 120
5 <b>D</b> :	art XII Reconciliation of Expenses per Audited Financial State				323,132
Г	Complete if the organization answered "Yes" on Form 990			ei Ketu	1111
1	Total expenses and losses per audited financial statements			1	305,800
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				300,000
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	8,652		
е	Add lines 2a through 2d			2e	8,652
3	Subtract line 2e from line 1			3	297,148
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	207 140
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	297,148
	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV/ lines 1h	and the Bart V line	1. Dort V	lino
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			4, Fail A	, iiile
	art V, Line 4 - Intended Uses for Endowne	-			
= :	<u> </u>	·····	<b></b>		
T	he endowment is intended to support the l	ong-te	rm operati	ons	of the
					· · · · · · · · · · · · · · · · · · ·
0	rganization by providing an annual income	distr	ibution.		
_					-
Р	art XI, Line 2d - Revenue Amounts Include	d in F	ınancıals	- Ot	ner
ח	iroat Fundraising Evnonces			ė	9 652
ע	irect Fundraising Expenses			<b>?</b>	0,032
P	art XII, Line 2d - Expense Amounts Includ	led in	Financials	s - O	ther
	· · · · · · · · · · · · · · · · · · ·				<i></i>
D	irect Fundraising Expenses			\$	8,652

Schedule D (F	Form 990) 2023	Li	teracy	Services	of	Indian	River	59-1987210	Page <b>5</b>
Part XIII	Supplemen	ıtal I	nformation	n (continued)				59-1987210	
				,					
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization	_	Services Inc	of	India	n I	Riv	er	Employer identification 59–19872	
	draising Activi						wered "Yes" on Fo	_	
1 Indicate whethe	er the organization i	raised funds througl	h any	of the follow	ving a	ctiviti	es. Check all that apply	<i>1</i> .	
a Mail solicita	ations		е 🗌	Solicitation	of no	on-go	vernment grants		
<b>b</b> Internet and	d email solicitations	•	f 🗌	Solicitation	of go	overn	ment grants		
c Phone solid	citations		g 🗌	Special fur	ndrais	ing e	vents		
d In-person s	solicitations								
<b>2a</b> Did the organization or key employed	ation have a writter es listed in Form 9	n or oral agreemen 90, Part VII) or enti	t with a	any individu onnection w	al (ind	cludin ofess	ng officers, directors, tru sional fundraising servic	stees, es?	Yes No
<b>b</b> If "Yes," list the	10 highest paid inct least \$5,000 by the	dividuals or entities	(fundra	aisers) purs	uant 1	to agi	reements under which t	he fundraiser is to	be
•	ame and address of individual or entity (fundraiser)		(i	ii) Activity	raiser custo	ol of	(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 registration or li		ation is registered o	r licen	sed to solic	it con	tributi	ions or has been notifie	d it is exempt from	

Schedule G (Form 990) 2023 Literacy Services of Indian River 59-1987210

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Love of Literac (add col. (a) through None (event type) col. (c)) (event type) (total number) Revenue 47,683 47,683 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 47,683 47,683 line 2) 4 Cash prizes 5 Noncash prizes ...... Direct Expenses 6 Rent/facility costs .... **7** Food and beverages 8 Entertainment 8,652 8,652 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,652 11 Net income summary. Subtract line 10 from line 3, column (d) ... 39,031 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... Expenses 3 Noncash prizes ...... 4 Rent/facility costs 5 Other direct expenses Yes ..... % Yes ..... 6 Volunteer labor ...... 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (F	Form 990) 2023	Literacy	Serv	ices o	f Ind	ian	River	59-1987	210		F	Page	3
11	Does the	e organization con	_			^						Yes		No
12	Is the or	ganization a granto	or, beneficiary or t	rustee of a	trust, or a r									
	formed t	o administer charit	table gaming?									Yes		No
13		the percentage of												
а	The orga	anization's facility								13a			9	%
b	An outsi												9	%
14		e name and addre												_
	records:		'		3		, ,	'						
	Name													
	Address													
	Addiess													
150	Doos the	o organization have	a a contract with a	third part	ı fram uhan	n the ergo	nization	raccivas as	mina					
15a		e organization have	e a contract with a	a triiru part	y Irom whom	ii tile orgai	nization	receives ga	ming			Vaa	$\Box$	NI.
	revenue								44-		Ш	Yes	Ш	No
b	IT "Yes,"	enter the amount	or gaming revenue	e receivea	by the orga	inization \$	b		and the	9				
		of gaming revenue			\$									
С	If "Yes,"	enter name and a	ddress of the third	l party:										
	Name <sub>.</sub>													
	Address													
16	Gaming	manager informati	ion:											
	Name													
	Gaming	manager compens	sation \$											
	Descripti	ion of services pro	vided											
	Dire	ctor/officer	Employee		Indepen	dent contr	actor							
			<del></del>											
17	Mandato	ory distributions:												
а	Is the or	ganization required	d under state law	to make cl	naritable dist	tributions fr	rom the	gaming pro	ceeds to					
	retain the	e state gaming lice	ense?					•				Yes		No
b		e amount of distrib		nder state I	aw to be dis	stributed to	other e	xempt organ	nizations or					
		the organization's	-					, ,						
Pa	rt IV	Supplementa	I Information	. Provide	the expl	anations	requir	ed by Par	rt I, line 2b, c	olumns (iii) a	and (	(v); a	nd	_
			9, 9b, 10b, 15l											
		See instruction		, ,	,	, I	•		,					
														_
														• •
														• •
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• • • • •														• •
														• •
														• •
														• •
														_
										Schedule G	(For	m 990	)) 20	23

## SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2023** 

Department of the Treasury Internal Revenue Service

Name of the organization Literacy

County,

Inc

Attach to Form 990 or Form 990-EZ.

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

Services of Indian River

Open to Public Inspection

Employer identification number

59-1987210

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Finance Committee of the Board completes a detailed review of the Form 990 prior to filing it with the IRS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board meets to monitor and enforce Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Committee meets to approve compensation Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Provided in Annual Report Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Direct Fundraising Expenses 8,652 Direct Fundraising Expenses -8,652

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

Literacy Services of Indian River

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

Attachment

	County	, Inc					59-	198	7210
Busir	ess or activity to which this form relat	ies							
I	<u>ndirect Depreciat</u>	tion							
Pa	art I Election To Expe	nse Certain Pro	perty Under Sec	tion 17	9				
	Note: If you have	any listed prope	rty, complete Part	V befor	e yc	ou comple	ete Part I.		
1	Maximum amount (see instruction	ons)						1	1,160,000
2	Total cost of section 179 propert							2	
3	Threshold cost of section 179 pr	operty before reduct	ion in limitation (see i	nstructions	s)			3	2,890,000
4	Reduction in limitation. Subtract I	line 3 from line 2. If a	zero or less, enter -0-					4	
5	Dollar limitation for tax year. Subtract I	line 4 from line 1. If zero	o or less, enter -0 If mar	ried filing se	eparate	ely, see instr	uctions	5	
6	(a) Description	ı of property	(b)	Cost (busines	ss use	only)	(c) Elected cost		
-									
7	Listed property. Enter the amoun					7			
8	Total elected cost of section 179			s 6 and 7				8	
9	Tentative deduction. Enter the s							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter							11	
12	Section 179 expense deduction.					l I		12	
13	Carryover of disallowed deduction			<u> </u>		13			
	: Don't use Part II or Part III belov	<u> </u>			<b>/D</b>	.14 1 1	1 1: ( )		0 : ( (; )
					_		de listed pr	орепу	y. See instructions.)
14	Special depreciation allowance for			• , .				١.,	
	during the tax year. See instructi							14	
15	Property subject to section 168(f	i)(1) election						15	1 461
16 D	Other depreciation (including AC							16	1,461
P	art III MACRS Deprecia	tion (Don't inclu	section A		nsur	ictions.)			
17	MACRS deductions for assets pl	laced in contine in to						17	0
18								17	<u> </u>
10	If you are electing to group any assets place  Section B—As:		rice During 2023 Tax					Syste	em
-		(b) Month and year	(c) Basis for depreciation					-,	
	(a) Classification of property	placed in service	(business/investment use only–see instructions)		-	(e) Conven	tion (f) Met	hod	(g) Depreciation deduction
19a	3-year property	COLVICO	orny occ mondonomy						
b	5-year property								
	7-year property								
d	10-year property								
	15-year property								
f	20-year property								
g	25-year property			25 y	/rs.		S/L	_	
	Residential rental			27.5		MM	S/L		
	property			27.5	_	MM	S/L	_	
i	Nonresidential real			39 y	_	MM	S/L	_	
	property					MM	S/L	_	
	Section C—Asse	ets Placed in Service	ce During 2023 Tax Y	ear Usin	g the	Alternativ	e Depreciation	n Sys	tem
20a	Class life						S/L		
b	12-year			12 y	/rs.		S/L		
С	30-year			30 y	/rs.	MM	S/L		
d	40-year			40 y	/rs.	MM	S/L		
Pa	art IV Summary (See in	istructions.)							
21	Listed property. Enter amount fro							21	
22	Total. Add amounts from line 12								
00	here and on the appropriate line				see ir	structions		22	1,461
23	For assets shown above and pla portion of the basis attributable to				23				
	ביים שלמווים ביים היים היים היים היים היים היים הי	5 55500011 200/N 0030	<del> </del>		~~				

# LITERACY Literacy Services of Indian River 59-1987210 Federal Asset Report FYE: 6/30/2024 Form 990, Page 1

12/13/2024

Asset	Description		Date In Service	Cost	Bus Sec Basis <u>% 179 Bonus</u> for Depr	Per	Conv Meth	Prior	Current
Other	Depreciation:								
16	NEW COMPUTER-BEST BUY		4/01/11	1,361	1,361	5	MO S/L	1,361	0
	Sold/Scrapped:	7/01/23	5/15/10	505	505	_	1. CO. C./T	525	
17	COMPUTER-JF	7/01/22	7/17/12	737	737	1	MO S/L	737	0
19	Sold/Scrapped: JIF Laptops	//01/23	6/19/14	1,947	1,947	5	MO S/L	1,947	0
	Sold/Scrapped:	7/01/23		-,	,	_		-,,	-
20	100 Chairs		8/07/14	1,000	1,000	7	MO S/L	1,000	0
21	Sold/Scrapped:	7/01/23	11/10/11	1 502	1.502	5	MO C/I	1 502	0
21	HP Computer Sold/Scrapped:	7/01/23	11/18/14	1,503	1,503	3	MO S/L	1,503	0
22	HP Laser Jet Pro Printers (2)	7701723	12/03/14	800	800	5	MO S/L	800	0
	Sold/Scrapped:	7/01/23							
23	16 Tables	= 10.4 10.0	12/15/14	952	952	7	MO S/L	952	0
2.4	Sold/Scrapped:	7/01/23	10/15/14	010	010	7	MO C/I	010	0
24 25	2 Cabinets Refrigerator		12/15/14 12/15/14	818 998	818 998	7 7	MO S/L MO S/L	818 998	$0 \\ 0$
26	Toshiba Copier Machine		6/17/15	3,760	3,760		MO S/L MO S/L	3,760	0
20	Sold/Scrapped:	7/01/23	0/1//15	3,700	3,700	-	Me S/L	3,700	· ·
27	Apollo Overhead Projector		12/26/14	260	260		MO S/L	260	0
28	Shelf Bookcases (5)	T/01/00	12/26/14	1,100	1,100	7	MO S/L	1,100	0
20	Sold/Scrapped:	7/01/23	12/26/14	247	2.47	7	MO C/I	347	0
29	Safco Steel Two Tier Cart Sold/Scrapped:	7/01/23	12/26/14	347	347	/	MO S/L	347	U
30	Safco Mobile File with Locking To		12/26/14	204	204	7	MO S/L	204	0
	Sold/Scrapped:								
31	Floor Mats (5)	= 10.4 10.0	12/26/14	612	612	7	MO S/L	612	0
22	Sold/Scrapped:	7/01/23	10/27/14	925	925	7	MO C/I	925	0
32 34	Phone system Touchscreen HP Laptop		10/27/14 2/17/16	825 700	825 700	7 5	MO S/L MO S/L	825 700	$0 \\ 0$
35	TTD Laptop		8/15/16	810	810	5		810	0
36	4 Dell Laptops		5/31/18	2,796	2,796	5	MO S/L	2,796	ő
37	Chairs (24)		6/15/21	969	969	7	MO S/L	288	139
38	Desk		5/28/21	621	621	7	MO S/L	185	88
39	Dell Laptops (4)		7/21/21	2,436	2,436	5		934	487
40	Cubicles (2)		8/23/21	3,320	3,320	5	MO S/L	1,217	664
41	Copier Machine		5/29/24	4,950	4,950	5		0	83
42	HP Computers (3)		6/28/24	2,997	2,997	5	MO S/L	0	0
	Total Other Depreciat	tion		36,823	36,823			24,154	1,461
	Tatal ACDS and Other	D		26 922	26 822			24.154	1 461
	Total ACRS and Other	er Deprec	: ation	36,823	<u>36,823</u>			24,154	1,461
	Grand Totals			36,823	36,823			24,154	1,461
	Less: Dispositions and	Transfe	rs	14,323	14,323			14,323	0
	Less: Start-up/Org Ex			0	0			0	0
	Net Grand Totals			22,500	22,500			9,831	1,461
	Jimu i viii		=	22,500					1,101

# LITERACY Literacy Services of Indian River 59-1987210 AMT Asset Report Form 990, Page 1

12/13/2024

Asset	Description	Date In Service	Cost	Bus Sec Basis  179 Bonus for Depr	Per Conv Meth	Prior	Current
Other	Depreciation:						
16	NEW COMPUTER-BEST BUY	4/01/11	0	0	0 HY	0	0
10	Sold/Scrapped: 7/01/23	1,01,11	· ·	0	0 111	· ·	· ·
17	COMPUTER-JF	7/17/12	0	0	0 HY	0	0
	Sold/Scrapped: 7/01/23						
19	JIF Laptops	6/19/14	0	0	0 HY	0	0
20	Sold/Scrapped: 7/01/23	0/07/14	1 000	1,000	7 MO 6/I	1 000	0
20	100 Chairs Sold/Scrapped: 7/01/23	8/07/14	1,000	1,000	7 MO S/L	1,000	0
21	HP Computer	11/18/14	1,503	1,503	5 MO S/L	1,503	0
21	Sold/Scrapped: 7/01/23	11/10/14	1,505	1,505	3 WO 5/L	1,505	O
22	HP Laser Jet Pro Printers (2)	12/03/14	800	800	5 MO S/L	800	0
	Sold/Scrapped: 7/01/23						
23	16 Tables	12/15/14	952	952	7 MO S/L	952	0
	Sold/Scrapped: 7/01/23						
24	2 Cabinets	12/15/14	818	818	7 MO S/L	818	0
25	Refrigerator	12/15/14	998	998	7 MO S/L	998	0
26	Toshiba Copier Machine	6/17/15	3,760	3,760	5 MO S/L	3,760	0
27	Sold/Scrapped: 7/01/23	12/26/14	260	260	7 MO S/L	260	0
28	Apollo Overhead Projector Shelf Bookcases (5)	12/26/14	1,100	1,100	7 MO S/L 7 MO S/L	1,100	0
26	Sold/Scrapped: 7/01/23	12/20/14	1,100	1,100	/ WIO 5/L	1,100	U
29	Safco Steel Two Tier Cart	12/26/14	347	347	7 MO S/L	347	0
	Sold/Scrapped: 7/01/23						
30	Safco Mobile File with Locking Top	12/26/14	204	204	7 MO S/L	204	0
	Sold/Scrapped: 7/01/23						
31	Floor Mats (5)	12/26/14	612	612	7 MO S/L	612	0
22	Sold/Scrapped: 7/01/23	10/27/14	925	925	7. MO 6/I	925	0
32	Phone system	10/27/14	825	825	7 MO S/L	825	0
34	Touchscreen HP Laptop	2/17/16	700 810	700 810	5 MO S/L 5 MO S/L	700 810	$0 \\ 0$
35 36	TTD Laptop 4 Dell Laptops	8/15/16 5/31/18	2,796	2.796	5 MO S/L 5 MO S/L	2,796	0
37	Chairs (24)	6/15/21	2,790	2,790	0 HY	2,790	0
38	Desk	5/28/21	0	0	0 HY	0	0
39	Dell Laptops (4)	7/21/21	ő	ő	0 HY	ő	ŏ
40	Cubicles (2)	8/23/21	Ö	Ö	0 HY	Ö	Ö
41	Copier Machine	5/29/24	4,950	4,950	5 MO S/L	0	83
42	HP Computers (3)	6/28/24	2,997	2,997	5 MO S/L	0	0
	<b>Total Other Depreciation</b>	_	25,432	25,432		17,485	83
	Total Other Depreciation	-	23,732				83
	Total ACRS and Other Depre	ciation	25,432	25,432		17,485	83
	•	=					
	~		25.425			4= 40=	0.5
	Grand Totals		25,432	25,432		17,485	83
	Less: Dispositions and Transfe	ers _	10,278	10,278		10,278	0
	<b>Net Grand Totals</b>	_	15,154	15,154		7,207	83
		_					

Form Unit Asset

# LITERACY Literacy Services of Indian River 59-1987210 Depreciation Adjustment Report **All Business Activities**

12/13/2024

FYE: 6/30/2024

Description AMT Tax

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

LITERACY Literacy Services of Indian River
59-1987210 Future Depreciation Report FYE: 6/30/2024 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other 1	Depreciation:				
24 25 27 32 34 35 36 37 38 39 40 41 42	2 Cabinets Refrigerator Apollo Overhead Projector Phone system Touchscreen HP Laptop TTD Laptop 4 Dell Laptops Chairs (24) Desk Dell Laptops (4) Cubicles (2) Copier Machine HP Computers (3)  Total Other Depreciation	12/15/14 12/15/14 12/26/14 10/27/14 2/17/16 8/15/16 5/31/18 6/15/21 5/28/21 7/21/21 8/23/21 5/29/24 6/28/24	818 998 260 825 700 810 2,796 969 621 2,436 3,320 4,950 2,997 22,500	0 0 0 0 0 0 0 138 89 487 664 990 599	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depreciation		22,500	2,967	1,589
	Grand Totals		22,500	2,967	1,589

12/13/2024

Form 990 Two Year Comparison Report 2022 & 2023

For calendar year 2023 or tax year beginning 07/01/23 ending 06/30/24

For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24 Name Taxpayer Identification Number Literacy Services of Indian River 59-1987210 County, Inc 2022 Differences 2023 1. Contributions, gifts, grants ..... 1. 227,412 267,196 39,784 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 4. Program service revenue 4. 5. Investment income 12,060 16,905 4,845 5. 6. Proceeds from tax exempt bonds 6. 7. 7. Net gain or (loss) from sale of assets other than inventory 36,663 39,031 2,368 8. 8. Net income or (loss) from fundraising events **9.** Net income or (loss) from gaming ...... 9. 10. **10.** Net gain or (loss) on sales of inventory **11.** Other revenue 11. 12. Total revenue. Add lines 1 through 11 12. 276,135 323,132 46,997 **13.** Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 226,401 34,035 192,366 **16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 11,250 18. Other professional fees 9,600 -1,650 18. 5,700 8,550 2,850 19. Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion ..... 1,461-430 1,891 20. 9,167 41,969 51,136 21. Other expenses 21. 43,972 22. Total expenses. Add lines 13 through 21 22. 253,176 297,148 22,959 25,984 3,025 23. Excess or (Deficit). Subtract line 22 from line 12 23. 276,135 323,132 46,997 24. 24. Total exempt revenue 25. Total unrelated revenue 25. 26. Total excludable revenue 12,060 16,905 4,845 26. 480,010 502,972 22,962 27. Total assets 27. 28. Total liabilities 8,295 -3,02211,317 28. 468,693 494,677 25,984 **29.** Retained earnings 29. 12 12 **30.** Number of voting members of governing body 30. 12 12 **31.** Number of independent voting members of governing body 31.

6

200

32.

7

145

32. Number of employees

**33.** Number of volunteers

Form <b>990</b>		Tax Re	Tax Return History			2023
Name Literac County,	Literacy Services of County, Inc	Indian River			Employer <b>59–1</b>	Employer Identification Number 59-1987210
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	290,352	212,232	221,001	227,412	267,196	
Membership dues						
Program service revenue	990 9=					
Investment income	2.087	360	671	12.060	16.905	
Fundraising revenue (income/loss)	59	13,641	75,052	36,663	39,031	
Gaming revenue (income/loss)	(ssol					
Other revenue		29,816				
Total revenue	345,929	256,049	296,724	276,135	323,132	
Grants and similar amounts paid	ts paid					
Benefits paid to or for members	nbers					
Compensation of officers, etc.	etc.					
Other compensation	154,789	169,800	200,778	192,366	226,401	
Professional fees		11,296	9,300	11,250	_	
Occupancy costs	5,700	5,300		5,700	8,550	
Depreciation and depletion		833	1,799	1,891	1,461	
Other expenses	33,468	37,002	46,964	41,969	51,136	
Total expenses	206,327	224,231	264,541	253,176	297,148	
Excess or (Deficit)	139,602	31,818	32,183	22,959	25,984	
Total axampt rayon	345 929	256 049	ACT 30C	276 135	393 139	
Total innelated revenue					1 (2)	
Total excludable revenue	979,8-	30,176	671	12,060	16,905	
Total Assets	423,060	419,063	460,482	480,010	502,972	
Total Liabilities	41,327	5,512	14,748	11,317	8,295	
Net Fund Balances	381,733	413,551	445,734	468,693	494,677	

LITERACY Literacy Services of Indian River
50\_1087210 Federal Statements

FYE: 6/30/2024

**Taxable Interest on Investments** 

Description

Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %)

12/13/2024

16,905

Amount

16,905 Total

12/13/2024		Fund Raising		Fund Raising S
	<u>-employee)</u>	Management & General           \$ 9,600           \$ 9,600	Ø	Management & General & 62 & 469 & 275 & 275 & 3,024
ral Statements	- Other Fees for Service (Non-employee)	Program Service	e - All Other Expenses	Program Service 2,024 2,024
Federal Sta		Total     Expenses	Form 990, Part IX, Line 24e	Expenses  \$ 2,218 2,086 469 469 275 \$ 5,048
LITERACY Literacy Services of Indian River 59-1987210 FYE: 6/30/2024	Form 990, Part IX, Line 11g	Description Professional Fees Total	Form	Telephone Meals Bank and Credit Card Fees Business Licenses Permits Total

Description   Amount   Amount   Amount   SEC 696   SEC	LITERACY Literacy Services of Indian River 59-1987210 FYE: 6/30/2024	12/13/2024
Contributions  Contributions  al	Schedule A, Part III, Line 1(e)	
all the state of t		Ā
	: "	

LITERACY Literacy Services of Indian River
59-1987210 Federal Statements

12/13/2024

FYE: 6/30/2024

Love of Literacy

## Other Direct Fundraising or Gaming Expenses

Description		Amount
	\$	8,652
Total	\$_	8,652