### Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or liscal year beginning JUL 1 2017, and ending JUN 30 2018

QMB No. 1545-167B

Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records.		ZU 17
Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.		
		Employer	identification number
LITERACY PITT	SBURGH		
Name and title of officer		25-1	392652
CAREY HARRIS			
CHIEF EXECUTI	VE OFFICER		
Part I Type of F	Return and Return Information (Whole Dollars Only)		
Check the box for the retur	n for which you are using this Form 8879-EO and enter the applicable amount, if any, from		
whichever is applicable, blathan 1 line in Part I.  1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check 4a Form 990-PF check here 5a Form 8868 check here  Part II Declaration Under penalties of perjury, electronic return and accommender that the amount of the date of any refund. If applied the date of any refund, if applied the pentry to the financial instrument and the financial instrument.	b Total revenue, if any (Form 990, Part VIII, column (A), fine 12) b Total revenue, if any (Form 990, Part VIII, column (A), fine 12) b Total revenue, if any (Form 990-EZ, fine 9) b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) b Balance Due (Form 8868, line 3c)  Don and Signature Authorization of Officer declare that I am an officer of the above organization and that I have examined a copy of panying achedules and statements and to the best of my knowledge and belief, they are until in Part I above is the amount shown on the copy of the organization's electronic return, transmitter, or electronic return originator (ERO) to send the organization's return to the receipt or reason for rejection of the transmission, (b) the reason for any delay in process plicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic return or other transmission, and the payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation software for payment of the organization in the law preparation in the law preparation software for payment of the organization in the law preparation in the law preparation in the law preparation in the law	then leave it is fine below  1b	nization's 2017 ect, and complete. I ant to allow my to receive fund, and (c) nds withdrawal (direct al taxes owed on this
X I authorize MAH	ER DUESSEL, CPA'S		2N 00756
	ERO firm pame	enter my F	AN UU / 36 Enter live numbers, bi
			do not enter all zeros
enter my PIN on the  As an officer of the indicated within this program, I will enter	the organization's tax year 2017 electronically filed return. If I have indicated within this state agency(les) regulating charities as part of the IRS Fed/State program. I also authorse return's disclosure consent screen.  organization, I will enter my PIN as my signature on the organization's tax year 2017 elections that a copy of the return is being filed with a state agency(les) regulating charities my PIN on the return's disclosure consent screen.	rize the afc	erementioned ERO to
Officer's signature	Cally at 15 Date > 24	19	
Part III Certification	n and Autheritication		
	ix-digit electronic filing identification	0,000	
number (EFIN) followed by yo	ur five-digit self-selected PIN. 25570912345	]	
e-lile Providers for Business F		janization i	indicated above. I or Authorized IRS
ERO's signature - Dia	mallConk Date > 2/8/	2019	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

A	For	the 2017 calendar year, or tax year beginning JUL 1, 2017 and endir	g JUN 30, 201	8
В	Check applic	able:	D Employer identi	fication number
		LITERACY PITTSBURGH		
		Doing business as	25-1	1392652
Ļ	Initi	Number and street (or P.O. box if mail is not delivered to street address) Room		
L	Fin: retu	my FILL DEVENTE AVENUE	(41:	2)393-7635
	ate	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,308,195.
F	Iretu	PITTSBURGH, PA 15219	H(a) Is this a group	
_	tiòn pen	F Name and address of principal officer: CAREY HARRIS SAME AS C ABOVE	for subordinate	
_	Taylo			included? Yes No
		exempt status: LX 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or site: ► WWW.LITERACYPITTSBURGH.ORG	25.0	a list. (see instructions)
			H(c) Group exempti	on number <b>&gt;</b> <b>M</b> State of legal domicile; <b>PA</b>
		Summary	Teal of formation, 1902	M State of legal doffliche; PA
-	1	Briefly describe the organization's mission or most significant activities: BASIC El	OUCATION PROGE	RAMS FOR
Activities & Governance	1	ADULTS AND CHILDREN THAT LIFT FAMILIES OUT	OF POVERTY.	
ELD:	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	issets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
ಳ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	86
₹	6	Total number of volunteers (estimate if necessary)	6	707
AC	7 8	i I otal unrelated business revenue from Part VIII, column (C), line 12	7a	
_	+ -	Net unrelated business taxable income from Form 990-T, line 34	7b	
		Contributions and seasts (Ded.) (III. II. d.)	Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	2,409,393.	2,898,953.
	10		227,559.	
	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,500.	
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,155. 2,702,297.	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	3,284,800.
	14	Populity and to or for manhors (Bost IV, ashare (A), Karatt	0.	
Ø	1		2,289,841.	2,389,367.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  189,266.	0.	0.
Ç	Ь	Total fundraising expenses (Part IX, column (D), line 25) 189, 266.	Wall College of the C	0.
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	557,288.	797,019.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,847,129.	3,186,386.
	19	Revenue less expenses. Subtract line 18 from line 12	-144,832.	98,414.
Ces	20 21		Beginning of Current Year	End of Year
alai	20	Total assets (Part X, line 16)	3,586,475.	3,676,643.
甇	21	Total liabilities (Part X, line 26)	221,036.	159,557.
4		Net assets or fund balances. Subtract line 21 from line 20	3,365,439.	3,517,086.
		Signature Block		70 - 200
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	y knowledge and belief, it is
irue,	corre	ct, and complete. Declaration of preparer (other than officery is based on all information of which prep	arer has any knowledge.	,
C1		Signature of officer	Date Date	1/19
Sigr		CAREY HARRIS, CHIEF EXECUTIVE OFFICER	Date	
Here		Type or print name and title	<u> </u>	<u> </u>
		Print/Type preparer's name Preparer's signature	Date Check	I PTIN
Paid		DEANNA M. CONTE	if the state of th	D01075603
Prep		Firm's name MAHER DUESSEL, CPA'S	Firm's EIN	25-1622758
Use (	Only	Firm's address 503 MARTINDALE STREET, SUITE 600	Linin 2 City	23 IV22/30
		PITTSBURGH, PA 15212	Phone no 4.1	2-471-5500
<u>M</u> ay	the If	RS discuss this return with the preparer shown above? (see instructions)	- HONG HO. 4 2 4	X Yes No
		8.17 LHA For Paperwork Reduction Act Notice and the constant instance.		163 100

Form 990 (2017)

### Form 990 (2017) LITERACY PIT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	$\vdash$
	public office? If "Yes," complete Schedule C, Part I	3		l x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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 debt negotiation services?			ľ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			â.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1000	181	
	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		- 1	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		- 1	37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		ľ	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	<u> </u>
	Schedule D, Parts XI and XII	12a	$\mathbf{x}$	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	$\frac{\pi}{X}$
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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ŀ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 1	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	$\neg$		
	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.	$\Box$		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_ [	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			35
	complete Schedule G, Part III	19	100	X

## Form 990 (2017) LITERACY PITTSBURG Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ľ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	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	12.13		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1 1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	$\neg$	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	- 1	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ΙI		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		41
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	$\dashv$	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	$\rightarrow$	
-		] [	- 1	v
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
•			- 1	v
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	<u> </u>
UE.				v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
-	sections 301 7701 2 and 301 7701 22 if "You" complete School to Publish P. Part I	_		17
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	$\rightarrow$	<u>X</u>
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			72
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\dashv$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			===
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			100
b	To the state of th			
C	t , the same and t	12-25		
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100
	filed for the calendar year ending with or within the year covered by this return 2a 86	= 3.4		183
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1200
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country; ▶	-	0.7	0
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			$\vdash$
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			一
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			500
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
ь	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 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			53.3
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	200		12
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			- 274
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\dashv$	_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	13/3		
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		-
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	ra managaran managar	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.	134	$\dashv$	
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
n	Enter the amount of reserves on hand			
	District and the state of the s	445	─┼	X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del></del>	<u> </u>
	199, has it med a rount red to report these payments rin ind., provide an explanation in Schedule U	14b		

Form 990 (2017) LITERACY PITTSBURGH 25-1392652 Page

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

	Check if Schedule O contains a response or note to any line in this Part VI		- 22	X
Sec	ction 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 19	MT A	127	
	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 in Schedule O.	1-23	1111	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15	178	112	165
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		103	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		100	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		g - E	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	3
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1237	
12a	The state of the s	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1 = 1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	$\neg$		( = D
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1197		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-	$\neg$	
	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		
	ion C. Disclosure	100		_
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allahl	е —	_
	for public inspection. Indicate how you made these available. Check all that apply.	- and hill	-	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan-	int	
	statements available to the public during the tax year.	midile	idi	
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
-	CHERYL GARCIA - 412-393-7635			
	411 SEVENTH AVENUE SULTE 550 PITTSBURGH DA 15219			

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0 in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization r	nor any related	orga	<u>aniza</u>	atior	CO	mpe	กรล	ited any current officer.	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	l than	776	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	35 pe	rson	is bot	th an	compensation	compensation	amount of
	week	-	Cer ar	0 4 0	irecto	or/trus	100)	from	from related	other
	(list any	trustee or director	l				l	the	organizations	compensation
	hours for related	0.0	33			Safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	Fee		g	ii) Deu	l	(M-5) 1099-M12C)		organization and related
	below	dual t	<b>E</b>			stcor	_			organizations
	line)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.941.1441.010
(1) DANELL R. COOPER	1.00		Ī		$\overline{}$		Ī			
TREASURER	·	X	١.	X				0.	0.	0.
(2) RICHARD HEISER	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) ROBERT COOPER	1.00					П				
BOARD MEMBER		X						0.	0.	0.
(4) MAURA L. FARRELL	1.00									
BOARD MEMBER THRU JUNE 2018		X						0.	0.	0.
(5) SADIE J. KROECK	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) PATRICIA L. HASSELBUSCH	1.00									-
BOARD MEMBER		X						0.	0.	0.
(7) STEVEN SOKOLOSKI	1.00			$\Box$						
SECRETARY		X		X				0.	0.	0.
(8) KATHLEEN SULLIVAN	1.00		$\neg$							
VICE PRESIDENT		X		X				0.	0.	0.
(9) IRENE E. MCGEE	1.00									
BOARD MEMBER		X	_					0.	0.	0.
(10) MARY E. MONAGHAN	1.00		П		$\neg$					
BOARD MEMBER		X				[	_	0.	0.	0.
(11) RYAN P. NEUPAVER	1.00		П							
BOARD MEMBER THRU JUNE 2018		X	_[	_				0.	0.	0.
(12) KAREN A. BARRINGER	1.00	$\Box$	П	П	П					
BOARD MEMBER		X						0.	0.	0.
(13) SCOTT A BARTLETT	1.00				П	П				· · · · · · · · · · · · · · · · · · ·
BOARD MEMBER		X						0.	0.	0.
(14) KAREN B. BOLDEN	1.00		П	П	П	П				
BOARD MEMBER		Х						0.	0.	0.
(15) EDWARD W. DENTON	1.00									*
BOARD MEMBER		X	$\perp$	$\perp$				0.	0.	0.
(16) CHARLES OSHURAK	1.00	T	T	T	T	T				
BOARD MEMBER		X						0.	0.	0.
(17) SUNTHAR THARMALINGAM	1.00				T	T				
BOARD MEMBER		X		$\perp$		$\perp$		0.	0.	0.

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	compensated Employe	es (continued	)			
(A) Name and title	(B) Average hours per	(da	not c	Pos heck ss pe	C) itior more erson	T than is bo	one th an	(D) Reportable compensation	(E) Reporta compens	ble	_	(F) stima moun	ted
	week (list any hours for related organizations below line)	ee or director	Institutional frustee	Officer		Highest compensated and semployee	İ	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ions	org ar	othe npens irom t ganiza nd rela aniza	sation he ation ated
(18) GARY SINGERY	1.00	gu	≅	횽	ξŷ	五章	ত্র						
PRESIDENT		X		X			L	0.		0.			0.
(19) NICOLE VASQUEZ SCHMITT BOARD MEMBER	1.00	x						0.					
(20) DONALD BLOCK	40.00	Α	$\vdash$		├		┝	0.		0.			0 .
EXECUTIVE DIRECTOR/CEO	10.00		l	x			l	0.	119,	636.	ı		0.
(21) CHERYL GARCIA	37.50	Ι.,	Н	_	$\vdash$					030.			
DIRECTOR OF FINANCE				X				0.	79,	908.			0.
-			Н	-			Н						
									<u> </u>				
			$\dashv$	$\dashv$	$\dashv$	Н							
													-
dh Cuh tatal						Щ		0.	100	E A A			
1b Sub-total Continuation sheets to Part VII	Coetion A					iga.		0.	199,	0.			0.
d Total (add lines 1b and 1c)								0.	199,				0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re						
compensation from the organization													0
3 Did the organization list any former officer of	-11											Yes	No
	director, or tru: ich individual	stee	, ke	y em	plo	yee,	or h	ighest compensated en	nployee on	- 1			X
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the sur	n of reportable	 2 CO	mne		 tion	and	oth	er compensation from t	he organizatio		3	00000	Α
and related organizations greater than \$150	.000? If "Yes."	con	nple	te S	che	dule	J fo	r such individual	ne organizatio		4		х
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	elate	d organization or individ	dual for service	es		Along.	-7
rendered to the organization? If "Yes, " comp	olete Schedule	J fo	r su	ch p	erso	on				7000	5		Х
Section B. Independent Contractors										_			
<ol> <li>Complete this table for your five highest con the organization. Report compensation for the</li> </ol>										ompensa	tion f	rom	
(A)	ic calcifoal ye	al C	- IGH	9 991		71 9910	Т	(B)	edi.	1	(C	3	
Name and business a	address	NO	NE					Description of se	ervices	Co	mper		n
							Т						
				_			+			_			
	<del></del>						十			-		_	
-							T						
<del> </del>							$\perp$						
2 Total number of independent contractors (inc	cluding but no	t lim	hati	to H	hose	a liet	ed a	hove) who received mo	re than	-			
\$100,000 of compensation from the organiza				ا ک	0		JU 6	ing telegraph the	ne mail				
	·		_								orm 9	90 (	2017

Form 990 (2017) LITERACY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any l	ine in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats at the state of the state o	1	a Federated campaigns1a	45,141.				012 011
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b			10.00		
A S		c Fundraising events1c	180,189.				
를 를	1	d Related organizations 1d					
ě, E	1	e Government grants (contributions) 1e 1,	463,461.				
F	1	f All other contributions, gifts, grants, and					
혈	ı	similar amounts not included above 11 1 ,	210,162.				
dit.	1	Noncash contributions included in lines 1a-1f \$					
<u>ặ ặ</u>	<u> </u>	Total. Add lines 1a-1f		2,898,953.			
			Business Code		New York Control of the Control of t		
Çe	2	·	611710	157,361.	157,361.		
₽ <u>6</u>	]	AMERICORPS	611710	112,080.			
E S	'	GED TESTING FEES	611710	1,064.	1,064.		
Par S	'	1					
Program Service Revenue	l '						
ш.	l '	All other program service revenue					
		Total. Add lines 2a-2f		270,505.			
	3	Investment income (including dividends, interes			i		
	١.	other similar amounts)		119,993.			119,993.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal		T XII		
	6 a	7.022.010.0111.01.01.01					
		Less: rental expenses		X 25 - 20			
		Rental income or (loss)					
	- 1	Net rental income or (loss) Gross amount from sales of (i) Securities		dilliana a second			
	7 8		(ii) Other				
		assets other than inventory			S		
		Less; cost or other basis					
		and sales expenses Gain or (loss)			118 20 1 22 6		
		Net gain or (loss)					
_ [		Gross income from fundraising events (not		N-SI-SI			Line and Marie Williams
Revenue	0.0	including \$ 180,189. of			No. of Contract of		S 100 F
8		contributions reported on line 1c). See					3
		Part IV, line 18a	17,965.				
Other	b	Less: direct expenses b	23,395.	V6.55			1000
0		The state of the s	manium:	-5,430.			-5,430.
		Gross income from gaming activities. See		0,2000			3,4301
		Part IV, line 19 a		No. of the last of	a v sylveti		100000000000000000000000000000000000000
ľ	b	Less: direct expenses b					7
		Alekterness - Herry C					
		Gross sales of inventory, less returns					
		and allowancesa					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		1			
Γ			Business Code				
	11 a		900099	779.	779.		
	b					·	
	С						
	d	All other revenue				_	
	е	Total. Add lines 11a-11d		779.		GE -13	
	12	Total revenue. See instructions.		3,284,800.	271,284.	0.	114,563.

Form 990 (2017)

LITERACY PITTSBURGH

Part IX Statement of Functional Expenses

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

200	tion 501(c)(3) and 501(c)(4) organizations must con	npiete ali columns. Ali oti	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			The state of the s	
	organizations, foreign governments, and foreign	i		F 12 30 6 77 6	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	204 040	4 400	222 526	
	trustees, and key employees	204,940.	1,482.	200,586.	2,872.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,722,890.	1 554 170	F.C. 774	111 046
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,144,090.	1,554,170.	56,774.	111,946.
0	section 401(k) and 403(b) employer contributions)	21,897.	19,141.	1 226	1 500
9	Other employee benefits	279,055.	248,371.	1,236.	1,520. 20,477.
10	Payroll taxes	160,585.	130,881.	20,053.	9,651.
11	Fees for services (non-employees):	100,303.	130,001.	20,053.	3,001.
''	Management	15,860.		15,860.	
b		13,000.		13,000.	<del> </del>
	Legal			_	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,757.		17,757.	
q	Other. (If line 11g amount exceeds 10% of line 25,			27,7374	
-	column (A) amount, list line 11g expenses on Sch O.)	117,130.	37,559.	77,937.	1.634.
12	Advertising and promotion	75,812.	74,465.	244.	1,634. 1,103.
13	Office expenses	161,931.	86,002.	45,053.	30,876.
14	Information technology	,		55,555	
15	Royalties	_			<u> </u>
16	Occupancy	265,281.	243,471.	17,294.	4,516.
17	Travel	21,568.	20,141.	1,284.	143.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,911.	10,486.	1,754.	671.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,773.	25,033.	2,301.	1,439.
	Insurance	10,334.	118.	9,781.	435.
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INSTRUCTIONAL MATERIALS	38,290.	38,026.	264.	
b	SPECIAL EVENTS	1,756.			1,756.
C					
d					
e	All other expenses	29,616.	2,159.	27,230.	227.
25	Total functional expenses. Add lines 1 through 24e	3,186,386.	2,491,505.	505,615.	189,266.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1	ľ	I	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2017)
Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part Y			
		The in this	rait A	(A) Beginning of year	T	(B) End of year
	1	Cash - non-interest-bearing		692,764.	1	880,790.
	2	Savings and temporary cash investments		284,320.	2	
	3	Pledges and grants receivable, net		55,658.	3	59,044
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direc		Trail		
		trustees, key employees, and highest compensated employees. Co Part II of Schedule L			5	100000
	6	Loans and other receivables from other disqualified persons (as de	fined under		5	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and				
	1	employers and sponsoring organizations of section 501(c)(9) volunt			Rel	
93		employees' beneficiary organizations (see instr). Complete Part II of			6	
Assets	7	Notes and loans receivable, net		30,000.	7	
Ä	8	Inventories for sale or use			a	
	9	Prepaid expenses and deferred charges		1,044.	9	43,067.
	10a	Land, buildings, and equipment: cost or other	***************************************		12000	
			57,310.		17	
	Ь		37,482.	108,601.	10c	79,828.
	11	Investments - publicly traded securities		2,414,088.	11	2,613,914.
	12	Investments - other securities. See Part IV, line 11		_,	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,586,475.	16	3,676,643.
	17	Accounts payable and accrued expenses		21,294.	17	27,580.
	18	Grants payable			18	,
	19	Deferred revenue		33,000.	19	24,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I			21	
S.	22	Loans and other payables to current and former officers, directors, t				
Iţi		key employees, highest compensated employees, and disqualified p				
Liabilities		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		100,760.	24	44,882.
- 1	25	Other liabilities (including federal income tax, payables to related thir	d			
		parties, and other liabilities not included on lines 17-24). Complete P				
ı		Schedule D		65,982.	25	63,095.
	26	Total liabilities. Add lines 17 through 25		221,036.	26	159,557.
		Organizations that follow SFAS 117 (ASC 958), check here	X and			
စ္ဆ		complete lines 27 through 29, and lines 33 and 34.				
ğΙ	27	Unrestricted net assets		1,270,103.	27	1,267,413.
릁	28	Temporarily restricted net assets		1,198,446.	28	1,352,783.
팔		Permanently restricted net assets		896,890.	29	896,890.
2		Organizations that do not follow SFAS 117 (ASC 958), check here				
<u></u>		and complete lines 30 through 34.				
35	30	Capital stock or trust principal, or current funds			30	
is	31	Paid in or capital surplus, or land, building, or equipment fund			31	
<b>S</b>	32	Retained earnings, endowment, accumulated income, or other funds			32	
#	SE					
Net Assets or Fund Balances	33	Total net assets or fund balances	100000000000000000000000000000000000000	3,365,439.	33	3,517,086.

Form 990 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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

LITERACY PITTSBURGH

**Employer identification number** 25-1392652

Part I Reason for Public	: Charity Status	(All organizations must	complete:	this part.)	See instructions.			
The organization is not a private four	ndation because it is	s: (For lines 1 through 12	, check on	ly one box	(.)	<u> </u>		
1 A church, convention of a					)(1)(A)(i).			
2 A school described in sec	ction 170(b)(1)(A)(ii)	. (Attach Schedule E (Fo	rm 990 or	990-EZ).)				
3 A hospital or a cooperative					(iii).			
4 A medical research organ	ization operated in o	conjunction with a hospit	al describ	ed in sect	ion 170(b)(1)(A)(iii). Ente	er the hospital's name,		
city, and state:								
5 An organization operated	for the benefit of a	college or university own	ed or oper	ated by a	governmental unit desci	ibed in		
section 170(b)(1)(A)(iv).					~			
6 A federal, state, or local g	overnment or govern	nmental unit described in	section	170(b)(1)(/	A)(v).			
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
section 170(b)(1)(A)(vi). (	Complete Part II.)		_			,		
8 A community trust descrit	bed in section 170(t	o)(1)(A)(vi). (Complete Pa	art II.)					
9 An agricultural research o				ted in con	iunction with a land-gran	nt college		
or university or a non-land								
_ university:		,	•		,, ====================================	3		
10 An organization that norm	nally receives: (1) mo	re than 33 1/3% of its su	pport fron	n contribu	tions, membership fees	and gross receipts from		
activities related to its exe	mpt functions · subj	ect to certain exceptions	s. and (2) r	o more th	an 33 1/3% of its suppo	rt from aross investment		
income and unrelated bus	siness taxable incom	e (less section 511 tax) (	rom busin	esses acc	uired by the organization	n after June 30, 1975		
See section 509(a)(2). (Co		,			, and a gameanor	. 2.10. 34.10 00, 1070.		
11 An organization organized	and operated exclu	sively to test for public s	afety. See	section 5	509(a)(4).			
12 An organization organized						e purposes of one or		
more publicly supported o								
lines 12a through 12d that	t describes the type	of supporting organizati	on and co	mplete line	es 12e, 12f, and 12a.			
a Type I. A supporting org	janization operated,	supervised, or controlled	d by its sur	pported or	ganization(s), typically b	v aivina		
the supported organizat								
organization. You must								
b Type II. A supporting or			ction with	its suppor	ted organization(s), by h	avino		
control or management								
organization(s). You mus			,					
c Type III functionally into			l in connec	ction with.	and functionally integrat	ed with.		
its supported organization								
d Type III non-functionall						ization(s)		
that is not functionally in	tegrated. The organi	ization generally must sa	tisfy a dist	tribution re	equirement and an attent	tiveness		
requirement (see instruct								
e Check this box if the org								
functionally integrated, o								
f Enter the number of supported								
g Provide the following information		ed organization(s).		11941199111911		11		
(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) IS the orga	anization (isled ing document?	(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
		- Casto (ode monde)						
_								
					-			
Total								

Schedule A (Form 990 or 990 EZ) 2017 LITERACY PITTSBURGH 25-13926

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

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

Se	ction A. Public Support				_		•
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			<u> </u>	<u> </u>	197-200	(1)
	membership fees received. (Do not		1				
	include any "unusual grants.")	2,356,563.	2,341,504.	2,329,096.	2,409,393.	2,899,878.	12,336,434
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					i	
	furnished by a governmental unit to		1				
	the organization without charge			i i		]	
4	Total. Add lines 1 through 3	2,356,563.	2,341,504.	2,329,096.	2,409,393,	2,899,878.	12,336,434.
5	The portion of total contributions				4 V A		
	by each person (other than a						
	governmental unit or publicly		P. MI. S. TO				
	supported organization) included	5 CV (CC)		DESCRIPTION OF THE PERSON OF T			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		Days of the				
	column (f)	118110007					200,850.
6	Public support. Subtract line 5 from line 4						12,135,584.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,356,563.	2,341,504.	2,329,096.	2,409,393.	2,899,878.	12,336,434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			ĺ			
	and income from similar sources	87,271.	119,319.	102,552.	66,500.	119,939.	495,581.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		ļ				
	assets (Explain in Part VI.)	<u>19</u> ,081.	18,172.	17,060.	24,360.	17,839.	96,512.
11	Total support. Add lines 7 through 10					F	12,928,527.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	412,070.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	here		******			
	tion C. Computation of Publi	<u></u>			_		
	Public support percentage for 2017 (li					14	93.87 %
15	Public support percentage from 2016	Schedule A, Part I	l, line 14			15	95.14 %
16a	33 1/3% support test - 2017. If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m		
	stop here. The organization qualifies a	as a publicly suppo	orted organization	***************************************			►X
b	<b>33 1/3% support test - 2016.</b> If the or	rganization did not	check a box on li	ne 13 or 16a, and li	ne 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qualif	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2017. If the orga	nization did not cl	neck a box on line 1	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
i	and if the organization meets the "fact	s-and-circumstanc	es" test, check th	is box and stop he	re. Explain in Parl	VI how the organi	zation
1	meets the "facts and circumstances" t	est. The organizat	ion qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the orga	nization did not cl	neck a box on line 1	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
1	more, and if the organization meets the	e facts-and-circun	nstances" test, ch	eck this box and st	op here. Explain	in Part VI how the	
(	organization meets the "facts-and-circu	umstances" test. T	he organization qu	ualifies as a publicly	supported organ	nization	▶□
	Private foundation. If the organization						

### Schedule A (Form 990 or 990-EZ) 2017 LITERACY PITTSBURGH Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
- 1	Gifts, grants, contributions, and		1	(2,2212	(-,	(4) 23 17	(1) 10141
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions.			<del> </del>			
	merchandise sold or services per-				]		
	formed, or facilities furnished in						Í
	any activity that is related to the organization's tax-exempt purpose	1	1				
2			<del></del>	<del>                                     </del>			
3	Gross receipts from activities that		1				
	are not an unrelated trade or bus-		1	1	-		
	iness under section 513						
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to		1		ľ		
	or expended on its behalf			<u></u>		l i	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add fines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					1 1	
ь	Amounta 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line &)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			·			-
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,				:		
	and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b	-					
	Net income from unrelated business						
• •	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital		1		ĺ		
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	fourth, or fifth ta	x vear as a section	501(c)(3) organiza	tion
						· · · · · · · · · · · · · · · · · · ·	
	tion C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2017 (lin			olumn (fl)	PERCENTAGE TO THE PARTY OF THE	15	Dr.
16	Public support percentage from 2016	Schedule A. Rost I	III lico 16	3/diffir (1))			96
Sec	tion D. Computation of Inves	tmont (noom	Percentege		mo monimorio.	16	96
	nvestment income percentage for 201			e 13, column (f))		17	%
	nvestment income percentage from 20					18	%
	33 1/3% support tests - 2017. If the c						
- 1	more than 33 1/3%, check this box and	d stop here. The	organization qualif	ies as a publicly su	ipported organiza	tion	▶□
b	33 1/3% support tests - 2016. If the o	organization did no	ot check a box on I	ine 14 or line 19a.	and line 16 is mor	re than 33 1/3% ar	nd
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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 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.)

			V.	_	Ma
Г			16	3	No
	1				
		ĵ			
ı		i		4	
Ь	2			1	E 33
ľ	За	1		1	
			i de	T	
H		4			
-	3b	-		4	
Т	3с	١		١	
1	-	ı	1	i	
L	4a	1		1	
		I		Ī	Myg
	41.	Total Control			
0	4b	ł	H	ł	
				ı	
l		ı		1	
	4c	1		1	
				I	
		ı		ı	
		ı			
E	5a	Ι		I	
		T		T	
$\vdash$	5b	╀		1	
20	5c	ł		+	
		l		ı	
		ŀ			
				ı	
L	6	Ļ		Ļ	
ŀ					
	7	l			
F		t		t	
	8	L			
	0-				
$\vdash$	9a _	H		$\vdash$	
	9b				
Γ		Г		T	
_	9c	L		L	
١.	10-				
$\vdash$	10a	-		H	
1	ЮЬ				
				_	-

P	art IV   Supporting Organizations (continued)			
			Yes	No
11	and the same of th		1200	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			123
	below, the governing body of a supported organization?	11a		
I	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		$\top$
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- XV	100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	X 44		-5
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 3		A.
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ME
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	200		
_	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? // "No," describe in Part VI how control			244
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	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	52	7 3	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	TET.	
	significant voice in the organization's investment policies and in directing the use of the organization's	111		
	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		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	V		
	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,		ь	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? 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		

P	art V Type III Non-Functionally Integrated 509(a)(3) Supporting	na Oras	anizations	Tage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions, All
	other Type III non-functionally integrated supporting organizations must c	omplete \$	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	$\neg \neg$		
	collection of gross income or for management, conservation, or	1 1		
	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	ion 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	-	
ь	Average monthly cash balances	1b		
<u>C</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e	Discount claimed for blockage or other	finished.		
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	v integrat	ed Type III supporting orga	nization (see
	instructions)		71	

Schedule A (Form 990 or 990-EZ) 2017

PE	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	·	
_	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	, and the same of		
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	real report to the real report to the real real real real real real real rea		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		THE RESERVE THE PARTY OF THE PA	
4	Distributions for 2017 from Section D.			
	line 7: \$	Local of Artificial Confession		
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		A-01-38	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions		STOLL DET SILV	
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017	 		
	EAGGS HOLL 2017			

Schedule A (Form 990 or 990-EZ) 2017

line Se	at iv, Seci	ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE	A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL	EVENT IN	COME OTHER THAN CONTRIBUTIONS AND MISCELLANEOUS
2013 AMO	UNT: \$	19,081.
2014 AMO	UNT: \$	18,172.
2015 AMO	UNT: \$	17,060.
2016 AMO	UNT: \$	24,210.
2017 AMO	UNT: \$	17,040.
OTHER		
2016 AMO	JNT: \$	150.
2017 AMO	JNT: \$	799.
<u> </u>		
	45	
X-12		
5		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

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

L	ITERACY PITTSBURGH	25-1392652				
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					
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or stotal contributions.				
Special Rules						
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa cruelty to children or animals. Complete Parts I, II, and III.	ny one contributor, during the tional purposes, or for				
year, contributions is checked, enter t purpose, Don't cor	n described in section 501(c)(7), (8), or (10) filling Form 990 or 990 EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it respectively, contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., ceived <i>nonexclusively</i>				
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its For he filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).	rm 990, 990·EZ, or 990·PF), m 990·PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number LITERACY PITTSBURGH 25-1392652 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroli** 1,190,741. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 XPerson Payroll 95,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 270,108. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X) Person Payroll 358,670. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 X Person **Payroll** 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number LITERACY PITTSBURGH 25-1392652

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- :		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017	Schedule	В	(Form 990,	990-EZ,	or 990-PF)	(2017
--	----------	---	------------	---------	------------	-------

Name of or	genization (2017)	<del></del>			Page 4				
Manic of Oli	Agustanou.				Employer identification number				
LTTER	ACY PITTSBURGH				25 1302652				
Part III	Exclusively feligious charitable etc. co	entributions to organizations descri	bed in sec	tion 501(c)(7), (8), o	25-1392652				
	uie year nom any one contributor. Complet	e columns (a) inrough (e) and the id	ollowina lir	TO ONLIV. For organization	ns				
	completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	ious, charitable, etc., contributions of \$1,00	O or less for	the year (Enter this into onc	e) 5				
(a) No.		Shar space is freeded.		1					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
		<del> </del>		<del>                                     </del>					
ĺ									
1				<del></del>					
Γ		(e) Transfer of	aift	1					
1		• • • • • • • • • • • • • • • • • • • •	•						
L	Transferee's name, address,	and ZIP + 4	F	Relationship of tra	nsferor to transferee				
1					· · · · · · · · · · · · · · · · · · ·				
- 1									
(a) N=									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Doca	ription of how gift is held				
Part I	(-),,	(c) 636 61 girt		(d) Desc	Thron of now diff is usia				
⊢		<del></del>		L					
1	(e) Transfer of gift								
	Transferee's name, address, a	)_l_at(_t							
-	iransieree s name, address, c	3110 ZIF + 4	Relationship of transferor to transferee						
		<del></del>   <del></del>		<u> </u>					
					<del></del>				
(a) No. from	0.15								
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held				
[ ]									
<u>_</u>									
- 1	(e) Transfer of gift								
-	Transferee's name, address, a	R	elationship of tran	sferor to transferee					
-				<u> </u>					
-									
-									
a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	gift		iption of how gift is held				
FOILL	<u></u>								
- 1			<del></del>						
— J -		<del>-</del>	<del></del>	<del></del>					
-		<del></del>	— J						
		(e) Transfer of gi	ift.						
		(5)							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trans	sferor to transferee				

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations; Complete Parts I-A and B, Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiz	ations: Complete Bart III			
	ne of organization	ations. Complete Fait III.		l Fm	ployer identification number
	LITERA	CY PITTSBURGH		<del></del>	25-1392652
Pa	art I-A   Complete if the or	ganization is exempt ur	der section 501(c	or is a section 527	organization.
				7	<u> </u>
1	Provide a description of the organ	ization's direct and indirect poli	tical campaign activities	s in Part IV	
	Political campaign activity expend				¢
3	Volunteer hours for political campa	aign activities	***************************************		<u> </u>
				***************************************	
Pε	rt I-B Complete if the or	ganization is exempt un	der section 501(c	1(3).	
	Enter the amount of any excise tax				<u> </u>
2	Enter the amount of any excise tax	cincurred by organization mana	gers under section 495	5	\$ \$
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				Yes No
h	It "Yes " describe in Part IV				
Pa	rt I-C Complete if the or	ganization is exempt un	der section 501(c	), except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	section 527	
	exempt function activities			<b>•</b>	\$
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
	line 17b				<b></b>
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	mployer identification number (E	EIN) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments. For each organiza	ation listed, enter the amount pa	aid from the filing organ	ization's funds. Also enter t	he amount of political
	contributions received that were properties (RAC) is	comptly and directly delivered to	a separate political or	ganization, such as a separ	ate segregated fund or a
_	political action committee (PAC). If		vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		1		filing organization's funds. If none, enter -0	contributions received and promptly and directly
				tunus. Il none, enter-o-,	delivered to a separate
					political organization.
					If none, enter 0-
		<u> </u>			
			1		
_		<u>.                                      </u>			
		<u> </u>	<del></del>		

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	LITERACY PI anization is exer	TTSBURGH npt under section	1 501(c)(3) and file	25-: ed Form <b>5768</b> (e	1392652 Page 2 election under
section 501(h)).				•	
A Check ▶ ☐ if the filing organiza	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar	e of excess lobbying e	expenditures).			
B Check L if the filing organization	tion checked box A an	d "limited control" pro-	visions apply.		
	s on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbuing overeditures to influ					
<ul><li>1a Total lobbying expenditures to influ</li><li>b Total lobbying expenditures to influ</li></ul>	ience public opinion (g	rass roots lobbying)	***************************************		<u> </u>
C Total lobbying expenditures (add line	erice a legislative boo	y (direct lobbying)			
<ul> <li>Total lobbying expenditures (add line)</li> <li>Other exempt purpose expenditure</li> </ul>					
e. Total exempt purpose expenditure	o (add lines to see tell				
e Total exempt purpose expenditures f Lobbying nontaxable amount. Ente	s (aud lines ic and io)	faller de la	***************************************		
If the amount on line 1e, column (a) or					
Not over \$500,000		ying nontaxable amo	unt is:		
		he amount on line 1e.			J 18 W 11
Over \$500,000 but not over \$1,000		plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		plus 10% of the exce			No. of Lines II
Over \$1,500,000 but not over \$17,0		) plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
a Grandenta controlla controlla					
g Grassroots nontaxable amount (ent					
h Subtract line 1g from line 1a. If zero				<u> </u>	
i Subtract line 1f from line 1c. If zero	or less, enter ·O·				
j If there is an amount other than zero		V.1801		-	
reporting section 4911 tax for this y				<u></u> L	Yes No
(Some organizations that	at made a section 50	aging Period Under s 1(h) election do not ha e instructions for line	ave to complete all of	the five columns b	elow.
	Lobbying Expend	litures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	263,396.	260,813.	258,717.		782,926.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,174,389.
c Total lobbying expenditures	1,089.	1,824.	2,006.	626.	5,545.
d Grassroots nontaxable amount	65,849.	65,203.	64,679.		195,731.
e Grassroots ceiling amount (150% of line 2d, column (e))					293,597.
f Grassroots Johnving expenditures	655.	3/19	210		1 222

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?	Yes	No		•
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?	Adding the		Am	ount
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?		1-3-1		187
a Volunteers?     b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?     Media advertisements?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			2000	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
- manage to mornoore, togolotore, or the public i				
Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
o If "Yes," enter the amount of any tax incurred under section 4912				
of "Yes," enter the amount of any tax incurred by organization managers under section 4912	ROLL OF			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or se	ection	
501(c)(6).				
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		an 1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the rt III-B   Complete if the organization is exempt under section 501(c)(4), section	prior year	? 3		
answered "Yes."  Dues, assessments and similar amounts from members		. 1	-	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			-	
expenses for which the section 527(f) tax was paid).	25			
Current year		20		
Carryover from last year		<u>2</u> a   2b		
: Total		20		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	*************	2c 3		
2 agreed amount reported in section 6655(e)(1)(A) notices of nondeductible section 162(e) dues		3	_	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what notices of the exceeds				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	litteel			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	litical	4 5		

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

LITERACY PITTSBURGH

**Employer identification number** 25-1392652

P	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line 6		or Accounts.Complete if the
_	organization answered Tes Off Form 950, Part 17, Illie 6	(a) Donor advised funds	(b) Funds and other accounts
- 1	Total number at end of year	(,	(5) Tarias and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi-	sors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pε	rt II Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, P.	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	101101111111111111111111111111111111111		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structu	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d 2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodic		9 <u></u> 9 99
	violations, and enforcement of the conservation easements it hol		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	on easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above sa		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes th	e organization's accounting for
Dai	conservation easements. t III   Organizations Maintaining Collections of Ar	A Historia I T	
r ca			ner Similar Assets.
10	Complete if the organization answered "Yes" on Form 990	5.0	
Id	If the organization elected, as permitted under SFAS 116 (ASC 98)	58), not to report in its revenue stateme	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes if		
D	If the organization elected, as permitted under SFAS 116 (ASC 95)	58), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	tion, or research in furtherance of public	c service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		AMA: <b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure		ain, provide
_	the following amounts required to be reported under SFAS 116 (A		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		9300 <b>S</b>

79.828.

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

Part VIII Investments - Other Securities.	on Form 000 Death 27 F	and the Court of t	F 40
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		, line 12. n: Cost or end-of-year market value
1) Financial derivatives	(a) Don value	(5) Modified of Valuation	11. Oost of end-of-year market value
2) Closely-held equity interests		<del></del>	
3) Other			
(A)	<del></del>		
(B)	<del></del>		
(C)			
(D)			
(E)		<u> </u>	
(F)			
(G)			
(H)		<del> </del>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		DOMESTIC CONTRACTOR	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X,	line 13. n: Cost or end-of-year market value
(1)	(N) DOUN VAIUE	(c) Metriod of Valuation	i, Cost or end-di-year market value
(2)		<del> </del>	<u> </u>
	<del>.</del>		
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)	<del></del>		
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
<del></del>	=		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11d. See Form 990, Part X,	
	escription		(b) Book value
(1)			
(2)		<del> </del>	
(3)			
(4)			
(5)	<u> </u>	<u> </u>	
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
art X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, P.	art X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		(E=2)	
(2) COMPENSATED ABSENCES		63,095.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	-		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 2	351	63,095.	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

LITERACY PITTSBURGH

Schedule D (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LITERACY PITTSBURGH

Employer identification number 25-1392652

Part I Fundraising Activities required to complete this pa	Complete if the organization answ	ered "	Yes" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
<ul> <li>Indicate whether the organization rai</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  or oral agreement with any individua Part VII) or entity in connection with position or entities (fundraisers) purs	ation of ation of I fundra Il (inclu profess	non-g gover aising ding o	povernment grants mment grants events officers, directors, tru fundraising services'	istees, or	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	or cor contrib	Did raiser ustody itrol of utions?	(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			
						<u> </u>
			-			
						<u> </u>
			$\dashv$			
			$\dashv$			
			$\dashv$			
Total			•			
<ol> <li>List all states in which the organization or licensing.</li> </ol>			utions	or has been notified	it is exempt from re-	gistration
			_			

		of fundraising event contributions and g		0-EZ, lines 1 and 6b. List		
			(a) Event #1	(b) Event #2 ONE BIG	(c) Other events	(d) Total events
			LUNCHEON	TABLE	1	(add col. (a) through
ā			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	155,100.	35,030.	8,024.	198,154
	2	Less: Contributions	143,700	29,390.	7,099.	180,189
	3	Gross income (line 1 minus line 2)	11,400.	5,640.	925.	17,965
	4	Cash prizes				
S	5	Noncash prizes			<u> </u>	
xpense	6	Rent/facility costs	1,000.		300.	1,300.
Direct Expenses	7	Food and beverages	9,870.	1,281.	193.	11,344.
٥	8	Entertainment		150.		150.
	9	Other direct expenses	4,724.	5,808.	69.	10,601.
	10		h 0 to 1 (.0)			23,395.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		CONTRACTOR CONTRACTOR	-5,430.
PE	art I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	<del> </del>	I to a Double-ball-ball-ball-ball-ball-ball-ball-b		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
œ	_1	Gross revenue				
sesus		Cash prizes				
Direct Expenses	3	Noncash prizes				<u> </u>
Direc	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes % 1	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Not gaming income cummany. Subtract line 7	from the dominant of			
	3	Net gaming income summary. Subtract line 7	rom line 1, column (a)			
9	Ente	er the state(s) in which the organization condu	icts daming activities			
		ne organization licensed to conduct gaming ac		states?		Yes No
		lo," explain:				
		e any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		es," explain:				

	edule G (Form 990 or 990 EZ) 2017 LITERACY PITTSBURGH 25-	139265	52 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye:	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	☐ Yes	
13	Indicate the percentage of gaming activity conducted in:	Te:	s L No
		1 1	
	The organization's facility	13a	9
44	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
		3696	0 T 0
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Ye!	No No
			L.7
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
_	If "Yes," enter name and address of the third party:		
•	1705, Citter hame and address of the wird party.		
	Nome •		
	Name		
	Address		
16 (	Gaming manager information:		
- 1	Name		
(	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a Is	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	etain the state gaming license?	Yes	No
bΕ	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	P	
0	rganization's own exempt activities during the tax year > \$		
Part			
		nes 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

25-1392652 Page 4
<del></del>

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LITERACY PITTSBURGH

Employer identification number

25-1392032
FORM 990, PART I, LINE 6
THE IMPACT OF VOLUNTEERS ON LITERACY PITTSBURGH STUDENTS IS
SIGNIFICANT. IN FISCAL YEAR 2018, 707 VOLUNTEERS PROVIDED 74,331 HOURS
OF SERVICE AS TUTORS, INSTRUCTORS AND ADMINISTRATIVE SUPPORT.
EXTENSIVE ASSISTANCE FROM VOLUNTEERS ALLOWS LITERACY PITTSBURGH TO
EXPAND ITS REACH MORE EFFICIENTLY, AND STUDENT OUTCOMES ARE IDENTICAL
THANKS TO A STRONG TRAINING, SUPPORT AND OVERSIGHT STRUCTURE. NO
VALUATION OF VOLUNTEER TIME IS INCLUDED IN THE REVENUE AND EXPENSES BUT
THESE HOURS COULD BE VALUED AT \$1,114,965.
OASIS INTERGENERATIONAL TUTORING - OPERATING IN THE PITTSBURGH PUBLIC
AND WOODLAND HILLS SCHOOL DISTRICTS, OASIS INTERGENERATIONAL TUTORING
PAIRS ADULTS AGE 50 AND OVER WITH HIGH-NEED CHILDREN IN GRADES K-4. IN
FISCAL YEAR 2018, 341 CHILDREN RECEIVED WEEKLY TUTORING AIMED AT
IMPROVING READING SKILLS AND BOOSTING CONFIDENCE AND SELF-ESTEEM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DIRECTOR OF FINANCE REVIEWS THE DRAFTED FORM 990. A COPY OF THE DRAFT
IS THEN REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, FINANCE COMMITTEE,
AND THEN CIRCULATED TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
AT THE BEGINNING OF EACH FISCAL YEAR THE BOARD MEMBERS ARE REQUIRED TO
COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THE EXECUTIVE COMMITTEE OF

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization  LITERACY PITTSBURGH	Employer identification number 25-1392652
CONSIDERS AN APPROPRIATE COURSE OF ACTION REGARDING EACH	CONFLICT ON A CASE
BY CASE BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
LITERACY PITTSBURGH USES THE BAYER CENTER FOR NONPROFIT M	ANAGEMENT ANNUAL
WAGE AND BENEFIT SURVEY AS A BASIS FOR COMPARISON. THE EX	ECUTIVE COMMITTEE
OF THE BOARD OF DIRECTORS USES THIS DATA AND ITS OWN PERF	ORMANCE EVALUATION
METHODOLOGY TO SET THE EXECUTIVE DIRECTOR'S ANNUAL COMPEN	SATION. THE
EXECUTIVE DIRECTOR USES THIS DATA TO SET THE DIRECTOR OF	FINANCE'S ANNUAL
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
LITERACY PITTSBURGH'S ANNUAL AUDIT AND FORM 990 ARE AVAIL	ABLE TO THE PUBLIC
ON LITERACY PITTSBURGH'S WEBSITE. LITERACY PITTSBURGH DOE	S NOT MAKE
ORGANIZATIONAL BYLAWS NOR CONFLICT OF INTEREST STATEMENTS	AVAILABLE ON THE
WEBSITE, BUT WOULD PROVIDE THIS INFORMATION TO INTERESTED	PARTIES UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	