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PUBLIC'S COPY

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Open to Public

<u>A I</u>	For the	e 2020 calendar year, or tax year beginning $JUL~1~,~2020$ and	ending J	<u>UN 30, 2021</u>	
	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	e LITERACY VOLUNTEERS OF ROCHESTER, INC.			
	Name chang	Doing business as LITERACY ROCHESTER		23-71102	91
	Initial return Final return	1600 SOUTH AVENUE	Room/suite 100	E Telephone number 585-473-3	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	720,742.
	Amen	ROCHESIER, NI 14020		H(a) Is this a group re	
	Application pending	F Name and address of principal officer: 005110A STAFT		for subordinates	·····= =
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
		te: ► WWW.LITERACYROCHESTER.ORG organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile; NY
		Summary	L Year		n State of legal doffliche. IN I
	1	Briefly describe the organization's mission or most significant activities: PROV			PPORT TO
Governance		ADULTS FOR READING, MATH, ENGLISH, AND DI			
ərns	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
ŏ	3			3	16
		Number of independent voting members of the governing body (Part VI, line 1b)			16 10
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			364
ţi	6	Total number of volunteers (estimate if necessary)			0.
ĄĊ	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	B	Net unrelated business taxable income from Form 990-1, Fart i, line 11		Prior Year	Current Year
ine	8	Contributions and grants (Part VIII, line 1h)		244,132.	457,665.
	9	Program service revenue (Part VIII, line 2g)		135,339.	89,744.
Ş.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,390.	42,792.
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,861.	590,201.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		424,527.	277,304.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x	. b	Total fundraising expenses (Part IX, column (D), line 25) 56,87	77.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		175,020.	130,098.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		599,547.	407,402.
		Revenue less expenses. Subtract line 18 from line 12		-186,686.	182,799.
Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		795,786.	1,060,409.
Net A	21	Total liabilities (Part X, line 26)		130,275. 665,511.	79,028. 981,381.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		005,511.	901,301.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	into though and botton, it is
	<i></i>				
Sig	n	Signature of officer		Date	
Her		JOSHUA STAPF, DEVELOPMENT DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN
Paid	d	JASON REDMAN JASON REDMAN	0	3/09/22 self-employ	
	parer	Firm's name MENGEL, METZGER, BARR & CO. LLP		Firm's EIN ▶	<u>16-1092347</u>
Use	Only	Firm's address 100 CHESTNUT STREET, SUITE 1200			F 400 4055
		ROCHESTER, NY 14604		Phone no. 58	5-423-1860
May	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	TMG
	LITERACY VOLUNTEERS OF ROCHESTER, INC. IS AN ORGANIZATION THAT TRA	TNS
	VOLUNTEERS TO IMPROVE THE READING, ENGLISH LANGUAGE, MATH, AND DIGITAL LITERACY SKILLS OF ADULTS IN MONROE COUNTY. OUR TRAINED	
	VOLUNTEERS SUPPORT PARTICIPANTS IN ACHIEVING THEIR PERSONAL GOALS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	If "Yes," describe these new services on Schedule O.	100 [
3	·	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revenue, if any, for each program service reported.	
4a		<u>19,744.</u>)
	DURING THE 2020-2021 FISCAL YEAR, OUR VOLUNTEERS PROVIDED 2,538 HO	
	OF INDIVIDUAL TUTORING, ASSESSMENT AND SUPPORT TO ADULT LEARNERS,	
	WITH 3,290 HOURS OF COMPUTER-RELATED SERVICES AND INSTRUCTION. AGE	
	SERVICES INCLUDE TUTOR TRAINING WORKSHOPS, COMPUTER INSTRUCTION, A	
	OUTREACH SUPPORT PROGRAM TO VOLUNTEERS AND LINKS TO OTHER COMMUNIT	<u>Y</u>
	RESOURCES FOR LEARNERS. IN THE PAST YEAR ADULT LEARNERS OBTAINED ACHIEVEMENTS TOWARDS THEIR LITERACY GOALS IN AREAS RANGING FROM	
	EDUCATION TO EMPLOYMENT TO CITIZENSHIP AND BASIC LIFE SKILLS.	
	EDUCATION TO EMPLOTMENT TO CITIZENSHIP AND DASIC HIPE SKIDLIS.	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
/ /~/	Other program convices (Describe on Schodule O.)	
4 0	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 243,208.	
		orm 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 21	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on Fartiz, committee, in Tyes, complete Schedule I, Parts I and II	41		_ 25

Form Pa i	990 (2020) LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-711 (The Checklist of Required Schedules (continued)	1291	P	age ²
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			l
	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	1		٠,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		 ^
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

032004 12-23-20

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Form **990** (2020)

Form 990 (2020) LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291 Page 5

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

	i (continued)				
0-	Fatantha annahan of annalances was acted as Fama M.O. Transportital of Mana and Tay Otata sports	l I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 10			
h	filed for the calendar year ending with or within the year covered by this return	•	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20	71	
32			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	 O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained		7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا			
	organization is licensed to issue qualified health plans	13b			
C 1/10	Enter the amount of reserves on hand	13c	14-		Х
14a		- 0	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	income?	.0		
			Farm	990	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JOSHUA STAPF, DEVELOPMENT DIRECTOR - 585-473-3030

Form **990** (2020)

1600 SOUTH AVENUE, SUITE 100, ROCHESTER, NY

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

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

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

- 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.

See instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		Juli	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ped		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal t		ployee	S comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHARLES REAVES	40.00	드	드	į,	ž	王吉	포			
EXECUTIVE DIRECTOR - THRU JUL 2020	1000	-		х				51,590.	0.	2,000.
(2) JOSHUA STAPF	40.00							0_,000		
DEVELOPMENT DIRECTOR				Х				48,720.	0.	4,000.
(3) JENNIFER EATON	40.00									
INSTRUCTIONAL DIRECTOR				Х				44,390.	0.	4,000.
(4) CHRIS DOBSON	0.50									
DIRECTOR		Х						0.	0.	0.
(5) MELISSA KUBIAK	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(6) JOHN ROMAN, JR.	0.50									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(7) DEBRA MARTIN	0.50									
BOARD VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(8) DAVID ADAMS	0.50								•	
DIRECTOR	0.50	Х						0.	0.	0.
(9) GLENN SCHIECK	0.50								•	
DIRECTOR	0.50	Х						0.	0.	0.
(10) FREDERICK CRILLY	0.50	3,7		3,7					0	
BOARD TREASURER	0 50	X		Х				0.	0.	0.
(11) JENNIFER DIMARZIO	0.50	37							0	_
DIRECTOR - THRU JAN 2021	0.50	Х						0.	0.	0.
(12) DAVE PECORA BOARD SECRETARY	0.50	Х		х				0.	0.	0.
(13) MARK BUONAUGURIO	0.50	Λ		Δ				0.	0.	.
DIRECTOR - THRU APR 2021	0.50	Х						0.	0.	0.
(14) KESHA CARTER	0.50	Λ						0.	0.	<u> </u>
DIRECTOR - RESIGNED DURING YEAR	0.50	Х						0.	0.	0.
(15) LAUREN KELLY	0.50	Λ						0.	0.	<u> </u>
DIRECTOR - THRU JAN 2021	0.30	Х						0.	0.	0.
(16) BRIAN ROTH	0.50								•	
DIRECTOR - THRU SEPT 2020		х						0.	0.	0.
(17) DAVID WYMAN	0.50							· ·	J •	
DIRECTOR		Х						0.	0.	0.
032007 12-23-20	•	_				-			•	Form 990 (2020)

032007 12-23-20

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	VOLUNTE	EER	S	OF	R	OC	ΗE	ESTER, INC.	23-71	102	91	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Positheck in ss per and a di	ition more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related		Estir amo	(F) mated ount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe fror organ and	ther ensation m the nization related izations
(18) AMANDA GALLIPEAU	0.50	77								,		0
DIRECTOR (19) ANDREW PHILLIPS	0.50	Х						0.	'	0.		0.
DIRECTOR	0.30	Х						0.		0.		0.
(20) JUSTIN CHANTRA	0.50											
DIRECTOR		Х						0.		0.		0.
(21) MEGHAN PALUMBO	0.50											
DIRECTOR		Х						0.	(0.		0.
(22) ANDREE HILL	0.50	l										
DIRECTOR DURING THE YEAR	0.50	Х						0.	(0.		0.
(23) RAGNI MEHTA DIRECTOR DURING THE YEAR	0.50	х						0.		0.		0.
(24) CHRISTINE STEWART	0.50	Λ						0.	'	'		<u> </u>
DIRECTOR DURING THE YEAR	0.50	х						0.		0.		0.
												• •
							Ļ	144 700		0.	1.0	000
1b Subtotal								144,700.		0.		,000. 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								144,700.		0.	1.0	,000.
Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>		,
compensation from the organization						,			•			0
										_	Y	res No
3 Did the organization list any former officer,	-		•	•	•		_	•	•			
line 1a? If "Yes," complete Schedule J for so											3	X
4 For any individual listed on line 1a, is the su	-		-					•	-			х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	^_
rendered to the organization? If "Yes," com											5	х
Section B. Independent Contractors	piete ochedati	<i>5 0 1</i>	01 30	acii ș	<i>J</i> C/3	<u> </u>						
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than	\$100,000 of compe	nsatio	on from	n
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	rear.			
(A)	addraga	37/		_				(B)	nom do o o	0.0	(C)	
Name and business	address	N	ONI	<u> </u>			\dashv	Description of s	services		mpens	sation
							\dashv					
							\neg					

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2020	
Part VIII	Statement of Revenue

		— Cr	neck if Schedule O	contai	ins a respons	e or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	a Federa	ated campaigns		1a	10,905.				
Contributions, Gifts, Grants and Other Similar Amounts						10,505.				
رج <u>ج</u>						27,449.				
Ţ\$,			aising events			21,447.				
ig di			d organizations			323,341.				
ns,			nment grants (contr			323,341.				
e ti			er contributions, gifts,		1 1	05 070				
현된			amounts not included			95,970.				
ont od (_	contributions included in			2,852.	457 665			
<u>0 g</u>		n Total.	Add lines 1a-1f				457,665.			
						Business Code	22.511	22 511		
9			ITAL LITER		PROGR	611710	88,644.	88,644.		
Program Service Revenue			KSHOP FEES			611710	800.	800.		
Se		MIS	CELLANEOUS	IN	ICOME	900099	300.	300.		
am		d								
Pg B		e								
Ŗ.	1	f All oth	er program service	reven	ue					
		g Total.	Add lines 2a-2f				89,744.			
	3		ment income (includ							
			similar amounts)				6,729.			6,729.
	4		e from investment o				_			-
	5		ies							
					(i) Real	(ii) Personal				
	6	a Gross	rents	6a	.,					
			rental expenses	6b						
			income or (loss)	6c						
			ntal income or (loss							
			amount from sales of	′ Г Т	(i) Securities					
	•		other than inventory	72	L57,569					
			cost or other basis	14	2377303	•				
a			es expenses	76	121 506					
ğ		anu san	r (loss)	70	36 063	•				
eve							36,063.			36,063.
her Revenue			in or (loss)			·····	30,003.			30,003.
	8		ncome from fundraisi							
Ò		includi			19. of					
			outions reported on		´ I	0 025				
			/, line 18		I .					
			direct expenses		<u></u>	ы 9,035.	0			
			come or (loss) from			_	0.			
	9		income from gamin	-	I					
			/, line 19							
			direct expenses			b				
		Net inc	come or (loss) from	gamir	ng activities_	<u></u>				
	10	a Gross	sales of inventory, I	less re	eturns					
		and all	owances		<u>1</u> 0	Da				
		b Less: o	cost of goods sold		10)b				
		Net inc	come or (loss) from	sales	of inventory					
<u>,</u> ,]	_			_		Business Code				
ño «	11 :	a								
Miscellaneous Revenue										
eve										
is B			er revenue							
2			Add lines 11a-11d			_				
	12		evenue. See instruction				590,201.	89,744.	0.	42,792.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 79,197. 20,898. 123,362. 23,267. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 126,435. 83,862. 22,946. 19,627. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 559. 1,007. 3,472. 1,906. Other employee benefits 9 24,035. 11,383. 8,858. 3,794. 10 Payroll taxes 11 Fees for services (nonemployees): Management 12,568. 12,568. Legal 4,700. 4,700. Accounting Lobbying Professional fundraising services. See Part IV, line 17 7,744. 7,744. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,959 4,523. 564 column (A) amount, list line 11g expenses on Sch O.) $9,\overline{473}$ 9,473. Advertising and promotion 12 15,918. 6,360. 8,823. 735. Office expenses 13 Information technology 14 15 Royalties 51,728. 38,960. 9,370. 3,398. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,040. 3,920. 120. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 895. 895. Depreciation, depletion, and amortization 22 3,644. 2,190. 1,180. 274. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 301. 3,767. 6,181. 2,113. MINOR OFFICE EQUIPMENT MISCELLANEOUS EXPENSES 4,074. 219. 1,650. 2,205. 2,324. 2,049. 275. VOLUNTEER AND STUDENT S d REPAIRS AND MAINTENANCE 2,286. 1,911. 102. 273. e All other expenses 407,402. 243,208. 107,317. 56,877. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2020)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020) Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or not	e to any	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			40,638.	1	55,899
2	Savings and temporary cash investments			13,802.	2	122,172
3	Pledges and grants receivable, net		67,657.	3	38,788	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described	on 4958(c)(3)(B) L		6		
တ္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
ĕ 9	5			1,500.	9	2,508
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	22,255.			
k	Less: accumulated depreciation	10b	19,926.	3,224.		2,329
11	Investments - publicly traded securities		225,981.	11	304,065	
12	Investments - other securities. See Part IV, line	442,984.	12	450,572		
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		0.	15	84,076	
16	Total assets. Add lines 1 through 15 (must equ	al line 33		795,786.	16	1,060,409
17	Accounts payable and accrued expenses			42,275.	17	15,197
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
တ္ထု 22	Loans and other payables to any current or form					
<u> </u>	trustee, key employee, creator or founder, subst					
Liabilities	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	62.021
24	Unsecured notes and loans payable to unrelated			88,000.	24	63,831
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). (Complete Part X			
	of Schedule D			120 275	25	70 000
26	Total liabilities. Add lines 17 through 25	<u></u>	V	130,275.	26	79,028
_ω	Organizations that follow FASB ASC 958, che	ck here				
၌	and complete lines 27, 28, 32, and 33.			240 210		470 011
			·····	248,210. 417,301.	27	478,811
28	Net assets with donor restrictions	417,301.	28	502,570		
<u> </u>	Organizations that do not follow FASB ASC 9					
<u> </u>	and complete lines 29 through 33.					
29 29	Capital stock or trust principal, or current funds				29	
98 30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances 27 28 29 30 31 32	Retained earnings, endowment, accumulated in			665,511.	31	001 201
	Total net assets or fund balances			795,786.	32	981,381
33	Total liabilities and net assets/fund balances .			133,100.	33	1,060,409

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number LITERACY VOLUNTEERS OF ROCHESTER 23-7110291 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	307,080.	432,191.	329,580.	244,132.	457,665.	1770648.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	307,080.	432,191.	329,580.	244,132.	457,665.	1770648.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1770648.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	307,080.	432,191.	329,580.	244,132.	457,665.	1770648.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,256.	12,403.	12,041.	10,311.	6,729.	52,740.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	107.	134.				241.
11	Total support. Add lines 7 through 10						1823629.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	347,269.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	97.09 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	94.82 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						1
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						+
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2017	(0) 2010	(4) 2013	(6) 2020	(i) rotai
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	
Public support percentage from 2019	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves						
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and line 1	
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, chec	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
20 Private foundation. If the organization						
-c rato rourrautioni, ii tilo organization	. Gra Hot Officer a	~~~ OII III IO 17, 13	a, or roo, orrook tr			🔽 🗀

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		<u> </u>
٠a	an or ac	ハーヒフ	ついつい

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or

	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
5				
<u>5</u>	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291 Page 7

rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
tion D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
Other distributions (describe in Part VI). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the	ne organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2020 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6				
	Amounts paid to supported organizations to accomplish exeromounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - professional	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Underdistribution Pre-2020	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Total annual distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Bistributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Underdistributions Pre-2020

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ	Z) 2020	LITERA	CA 1	/OLUNTI	EERS	OF I	ROCHES	STER,	INC.	23-7110291	Page 8
Part VI	Supplemental	Inform	nation. Pro	vide th	e explanatio	nns requir	red by	Part II line	10. Part	II line 17a o	r 17h: Part III, line 12:	
	Part IV Section A	lines 1	2 3h 3c 4h	4c 5a	6 9a 9h	9c 11a 1	idh an	nd 11c: Par	t IV Sect	tion R lines	r 17b; Part III, line 12; 1 and 2; Part IV, Section	n C
	line 1: Part IV. Sect	tion D. lii	nes 2 and 3:	Part IV	Section F.	lines 1c.	2a. 2b.	. 3a. and 3	b: Part V	line 1: Part \	V, Section B, line 1e; P	art V.
	Section D, lines 5,	6. and 8	and Part V.	Sectio	n F. lines 2.	5. and 6.	Also o	complete th	nis part fo	r anv additio	nal information.	a. c • ,
	(See instructions.)	o, and o	, and rait v,	000110	2,00 2,	o, and o.	, 1100 0	ompioto ti	no part re	i dily dddilio	mai imorriación.	
	(OCC IIIOLI GOLIOTIO.)											
_												
-												

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LITERACY VOLUNTEERS OF ROCHESTER, INC.

Employer identification number 23-7110291

Pai	rt I Organizations Maintain	ng Donor Advised Funds or Ot	her Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" o	n Form 990, Part IV, line 6.		
		(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (d			
3	Aggregate value of grants from (during	year)		
4	Aggregate value at end of year			
5	Did the organization inform all donors	and donor advisors in writing that the ass	sets held in donor advised fu	ınds
	are the organization's property, subject	t to the organization's exclusive legal cor	ntrol?	Yes No
6	Did the organization inform all grantee	s, donors, and donor advisors in writing t	hat grant funds can be used	l only
	for charitable purposes and not for the	benefit of the donor or donor advisor, or	for any other purpose confe	erring
Pai	rt II Conservation Easemen	S. Complete if the organization answere	ed "Yes" on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements	held by the organization (check all that a	apply).	
	Preservation of land for public u	se (for example, recreation or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the or	ganization held a qualified conservation o	contribution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easeme	its		2a
b	 Total acreage restricted by conservati 	n easements		2b
С		a certified historic structure included in		
d		cluded in (c) acquired after 7/25/06, and		
				2d
3	Number of conservation easements m	odified, transferred, released, extinguishe	ed, or terminated by the orga	anization during the tax
	year ▶			
4		ect to conservation easement is located		
5		olicy regarding the periodic monitoring, in		
_	violations, and enforcement of the cor			
6	Staff and volunteer hours devoted to	nonitoring, inspecting, handling of violation	ons, and enforcing conservat	tion easements during the year
_	·			
7		oring, inspecting, handling of violations, a	and enforcing conservation e	easements during the year
•	S			DV:
8		orted on line 2(d) above satisfy the requir		
9		ion reports conservation easements in it:		
9		le, the text of the footnote to the organiz	•	
	organization's accounting for conserve		ation 3 illianciai statements t	that describes the
Pai		ng Collections of Art, Historica	I Treasures, or Other	Similar Assets.
		swered "Yes" on Form 990, Part IV, line 8	•	
	· · · · · · · · · · · · · · · · · · ·	d under FASB ASC 958, not to report in		alance sheet works
	, ,	ilar assets held for public exhibition, edu		
	, ,	he footnote to its financial statements th	•	
b	/ I	d under FASB ASC 958, to report in its re		ce sheet works of
	, ,	assets held for public exhibition, educate		
	provide the following amounts relating	•		•
		art VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part			
2	,	ks of art, historical treasures, or other sin		
		eported under FASB ASC 958 relating to	-	
а	Revenue included on Form 990, Part	III, line 1		• \$
LHA	For Paperwork Reduction Act Notic	, see the Instructions for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

e Other

Leasehold improvements

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

d Equipment

7,460.

299.

11,167.

7,460.

299.

13,496.

Part VII Investments -	Other Securities	
Schedule D (Form 990) 2020	LITERACY	VOLUNTEERS

Part VII Investments - Other Securities.		u o e ooo e	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation: Cost or end	a-or-year market value
1) Financial derivatives			
2) Closely held equity interests 3) Other			
(A) ROCHESTER AREA COMMUNITY			
(B) FOUNDATION INVESTMENT			
(C) POOL	450,572.	END-OF-YEAR MARKET	VALUE
(D)	200,0120		
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	450,572.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	T 63
	Description		(b) Book value
	RECEIVABLE		84,076
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			84,076
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>9 15.)</u>	>	04,070
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability	5 1 5 550, 1 art 10, mile 1		(b) Book value
(1) Federal income taxes			, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X, col. (B) line	e 25.)	>	
Liability for uncertain tax positions. In Part XIII, provide		·	hat reports the
organization's liability for uncertain tax positions under			
<u> </u>			nedule D (Form 990) 202

032053 12-01-20

THE ORGANIZATION FILES FORM 990 TAX RETURNS IN THE U.S. FEDERAL

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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

lame of the organization						Employer ide	ntification number	
LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		ii) Did draiser custody ontrol of ibutions?		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
- Total			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from req	gistration	

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7110291 Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		<u> </u>	(a) Event #1 BRAIN GAME	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	31,195.			31,195.
	2	Less: Contributions	22,160.			22,160.
	3	Gross income (line 1 minus line 2)	9,035.			9,035.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				9,035. 9,035.
	l	Direct expense summary. Add lines 4 through				9,035.
Ps	ırt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization				<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	answered les on Forn	1 990, Fait IV, lille 19, Of	reported more than	
		ψ10,000 0111 0111 000 L2, iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ш.	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
i.		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		•	Yes No
0320	82 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 LITERACY VOLUNTEERS OF ROCHESTER, INC. 23-7	<u> 110291</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	LITERACY	VOLUNTEERS	OF	ROCHESTER,	INC.	23-7110291	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)					
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LITERACY VOLUNTEERS OF ROCHESTER INC. **Employer identification number** 23-7110291

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FULLY PARTICIPATE IN THE COMMUNITY AS CITIZENS, PARENTS, CONSUMERS, AND WORKERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND AUDIT COMMITTEE REVIEWS FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES POTENTIAL CONFLICTS OF INTEREST TO BE DISCLOSED ANNUALLY. ALL POTENTIAL CONFLICTS OF INTEREST ARE EXAMINED BY THE BOARD. IF NEEDED, SAFEGUARDS ARE PUT INTO PLACE TO MITIGATE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

IF THE EXECUTIVE DIRECTOR POSITION BECOMES VACANT, THE BOARD OF DIRECTORS APPOINTS A SEARCH COMMITTEE WHOSE DUTIES INCLUDE A REVIEW OF THE CURRENT JOB DESCRIPTION & ANALYSIS OF COMMUNITY PAY SCALES FOR COMPARABLE ORGANIZATIONS IN THE COMMUNITY. THE COMMITTEE THEN COORDINATES A SEARCH INCLUDING BOARD, STAFF AND VOLUNTEERS IN THE INTERVIEWS CANDIDATES, PROCESS, BEFORE MAKING A RECOMMENDATION TO THE FULL BOARD OF A CANDIDATE TO ADDITIONAL STAFF POSITIONS' COMPENSATION RELATIVE TO FILL THE POSITION. THE RATE OF PAY FOR OTHER AGENCIES IN THE COMMUNITY AND A REVIEW OF THE CURRENT JOB DESCRIPTION ARE PROVIDED BY THE EXECUTIVE DIRECTOR WITH ASSISTANCE FROM THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE OF THE BOARD OF DIRECTORS WHICH ALSO OVERSEES HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020