Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1. 2012 and ending JUN 30 Check if C Name of organization D Employer identification number Address change FIRST LITERACY INC. Name change 04-2997446 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-160 BOYLSTON STREET, 2ND FLOOR 617-482-3336 Amended return 711.540. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-BOSTON MA 02116 H(a) Is this a group return pendina F Name and address of principal officer: SKYE MORRISON KRAMER for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.FIRSTLITERACY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1988 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: BECAUSE LITERACY, FUNCTIONAL **Activities & Governance** ENGLISH SKILLS, AND HIGH SCHOOL CREDENTIALS ARE ESSENTIAL IN OUR Check this box ▶ L oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 21 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 5 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 360 418 385,629. Revenue 0 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42,427 71,665. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,222 -13.930.404.067 443.364. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 254,100 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 253,000. Benefits paid to or for members (Part IX, column (A), line 4) 0 0 . 14 229,209 234.537. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 104,879 101,417. 588,188 588.954. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -184,121 -145.590. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 1,063,938 942,972. 20 Total assets (Part X, line 16) 21,625 20.864. 21 Total liabilities (Part X. line 26) Net 1,042,313. 922,108. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SKYE MORRISON KRAMER, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature DANA J. MARKS CPA 02/06/14 Paid ALEXANDER, ARONSON, Firm's name FINNING & CO., P.C. Preparer Firm's EIN 04-2571780 Use Only Firm's address ightharpoonup 21 EAST MAIN STREET WESTBORO MA 01581 Phone no. 508-366-9100 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

04-2997446 FIRST LITERACY, INC. Page 3

Form 990 (2012) FIRST LITERACY, IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in 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, 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,			
	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		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	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	100		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) FIRST LITERACY, INC.

Part IV Checklist of Required Schedules (continued) FIRST LITERACY, INC. 04-2997446 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	_	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	х
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		Х
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	

Form **990** (2012)

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Form 990 (2012) FIRST LITERACY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return2a	5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O							
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		Х			
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	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			.,,			
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b					
и 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			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b					
Ĭ	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?	9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders						
	Gross income from members or shareholders	-					
b	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	IZU					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

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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

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 to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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		Х
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			
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
_		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	Α	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
360	tion B. Foncies (mis Section B requests information about policies not required by the internal nevenue code.)		V	NI -
40-	Did the every instinct have level about we have been as affiliated.	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	iua		
D	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		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD		
С	's Oaksad Is Oaksa He's and deep	12c	х	
12		13	X	
13	Did the organization have a written whistleblower policy?	14	Х	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	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?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a		Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16-				
ioa	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		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	IOD		l
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of the copy	availah	ıle	
.5	for public inspection. Indicate how you made these available. Check all that apply.	vallat	,,,,	
	Own website Another's website Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
19	statements available to the public during the tax year.	u IIIIdi	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
20	SKYE MORRISON KRAMER - 617-482-3336	LIOII.		
	160 BOYLSTON STREET, BOSTON, MA 02116			

Form 990 (2012) FIRST LITERACY, INC. 04-2997446 Page **7**

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average		(C) Position		(D) Reportable	(E) Reportable	(F) Estimated			
Name and Title	hours per week	box	, unle	heck ss pe nd a d	rson	is bot	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFFREY BEALE	2.50									
PRESIDENT		Х		Х				0.	0.	0.
(2) KAREN MORRISSEY	1.50	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JAMES NOLAN	1.50	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JAMES W PASMAN	1.50									
TREASURER		Х		Х				0.	0.	0.
(5) SIMONE AUSTER	0.50									
BOARD MEMBER		X	=					0.	0.	0.
(6) JEANNE BARBER	1.00			1						
BOARD MEMBER		Х						0.	0.	0.
(7) LAWRENCE DICARA, ESQ.	0.50	1								
BOARD MEMBER		Х						0.	0.	0.
(8) MICHAEL DUCA	0.60									
BOARD MEMBER		Х						0.	0.	0.
(9) CARMEN FIELDS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) JEANETTE HARRISON-SULLIVAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) LISA HUGHES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) BENTON BERMAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) THOMAS MENINO	0.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ROBERT E. MITCHELL	0.80									
BOARD MEMBER		Х						0.	0.	0.
(15) MARY F. RAFFERTY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(16) MICHAEL RICCIUTI, ESQ.	0.50	1								
BOARD MEMBER		Х						0.	0.	0.
(17) VINAY MEHRA	0.50	1								
BOARD MEMBER		Х						0.	0.	0.
										Cause 000 (0010)

(19) ANNE NOBLE-KILEY 1.00 BOARD MEMBER X (20) RINNELLE HILTON VAN EE 0.00 BOARD MEMBER X (21) BARBARA HEALY SMITH 1.50	Form 990 (2012) FIRST LITERAC									04-2997	7446		Pa	age 🕻
Name and title Average hours per Postinana and security Postinan	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
Organizations below line) 2	(A)	(B) Average hours per	(do box offic	not c	Pos heck ss pe	ition more rson	l than is bot	one th an	(D) Reportable compensation	(E) Reportable compensatio	n		timate nount	
(18) KENNETH ROSEANO (19) ANNE NOBLE-KILEY (10) ANNE NOBLE-KILEY (10) ANNE NOBLE-KILEY (10) ANNE NOBLE-KILEY (10) COLOR ELIMBLE BILTON VAN ER (10) ANNE NOBLE-KILEY (10) COLOR ELIMBLE BILTON VAN ER (10) COLOR ELIMBLE BILTON VAN ER (11) SARBARA HEALY SMITH (12) SAKYE MORRISON KRAMER (12) SKYE MORRISON KRAMER (22) SKYE MORRISON KRAMER (22) SKYE MORRISON KRAMER (22) SKYE MORRISON KRAMER (23) SKYE MORRISON KRAMER (24) COLOR ELIMBLE (25) COLOR ELIMBLE (26) COLOR ELIMBLE (27) COLOR ELIMBLE (28) COLOR ELIMBLE (29) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SAKYE MORRISON KRAMER (22) SKYE MORRISON KRAMER (23) SKYE MORRISON KRAMER (24) COLOR ELIMBLE (25) COLOR ELIMBLE (26) COLOR ELIMBLE (27) COLOR ELIMBLE (28) COLOR ELIMBLE (29) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SKYE MORRISON KRAMER (22) SKYE MORRISON KRAMER (23) SKYE MORRISON KRAMER (24) COLOR ELIMBLE (25) COLOR ELIMBLE (26) COLOR ELIMBLE (27) COLOR ELIMBLE (28) COLOR ELIMBLE (29) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SKYE MORRISON (22) SKYE MORRISON (22) SKYE MORRISON (23) SKYE MORRISON (24) COLOR ELIMBLE (25) COLOR ELIMBLE (26) COLOR ELIMBLE (27) COLOR ELIMBLE (28) COLOR ELIMBLE (29) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SKYE MORRISON (22) SKYE MORRISON (23) COLOR ELIMBLE (24) COLOR ELIMBLE (25) COLOR ELIMBLE (26) COLOR ELIMBLE (27) COLOR ELIMBLE (28) COLOR ELIMBLE (29) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SALES (21) SALES (22) COLOR ELIMBLE (20) COLOR ELIMBLE (21) SALES (21) SALES (22) COLOR ELIMBLE (21) SALES (22) COLOR ELIMBLE (21) SALES (22) COLOR ELIMBLE (23) COLOR ELIMBLE (24) COLOR ELI		hours for related organizations below	rustee	stitutional trustee	ficer	y employee	ghest compensated poloyee	rmer	organization			fr org an	om the anizat d relat	e ion ed
BOADD MEMBER X 0 0 0	(18) KENNETH ROSSANO	<u> </u>	Ĕ	ılı	₩	, Ke	∄ e	윤						
BOARD MEMBER			x						0.		0.			0
CODE NUMBER CODE	(19) ANNE NOBLE-KILEY	1.00												
DARD MEMBER	BOARD MEMBER		х						0.		0.			0
Carried Compensation	(20) RINNELLE HILTON VAN EE	0.00												
BOARD MEMBER X 0	BOARD MEMBER		х						0.		0.			0
Total from continuation sheets to Part VII, Section A	(21) BARBARA HEALY SMITH	1.50												
the Sub-total	BOARD MEMBER		х						0.		0.			0
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) Name and business address None Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(22) SKYE MORRISON KRAMER	45.00												
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	•	•		•	•	•						3		Х
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(A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											npens	ation	rom	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		trie caleridar y	ear	enai	ng v	VILII	Or W	/11/11/	(B)					
·	Name and business	address	NO	NE					Description of s	services	C	ompe	nsatio	<u> </u>
·														
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·	-													
·								_						
·														
			not li	mite	d to		_	stec	l above) who received n	nore than				

		(==:-)	TERACY, INC.	•			04-2997446	Page 9
Pa	rt VI	Statement of Reven	ue					
		Check if Schedule O conta	ins a response	to any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					·
Contributions, Gifts, Grants and Other Similar Amounts	b c	Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d 1d ons) 1e , and	200,753.				
g	g	Noncash contributions included in lines 1	a-1f: \$	2,945.				
		Total. Add lines 1a-1f		Business Code	385,629.			
Program Service Revenue	2 a b							
Ser	ء ا							
ame								
Pog R	e							
Ā	f	All other program service reven	ue					
	9	Total. Add lines 2a-2f						
	3	Investment income (including of	•		28,749.			28,749.
	4	other similar amounts)		. [20,745.			20,745.
	5	Royalties		· •				
	ັ	Tioyanics	(i) Real	(ii) Personal				
	 6 a	Gross rents	() 1100.	(.) : 0.00.10.				
	b							
	c	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	١.	assets other than inventory	293,192.					
	6	Less: cost or other basis	250 276					
	_ ا	and sales expenses	250,276. 42,916.					
		Gain or (loss) L Net gain or (loss)	· ·		42,916.			42,916.
4	l	Gross income from fundraising			,			,
Other Revenue		including \$ 200,						
eve.		contributions reported on line 1	c). See					
er F		Part IV, line 18	a	3,970.				
Ę	b	Less: direct expenses	b	17,900.				
	c	Net income or (loss) from fundr	aising events		-13,930.			-13,930.
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin	-					
	^{IU a}	Gross sales of inventory, less reand allowances						
	_h	Less: cost of goods sold						
		Net income or (loss) from sales		>				

Business Code

443,364.

11 a b Miscellaneous Revenue

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

57,735.

0.

04-2997446

Part IX | Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	239,000.	239,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	14,000.	14,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	81,900.	49,140.	16,380.	16,380.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	125,750.	96,200.	3,800.	25,750.
8	Pension plan accruals and contributions (include	·	<u> </u>	•	·
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,288.	3,673.	234.	1,381.
10	Payroll taxes	21,599.	15,779.	1,678.	4,142.
11	Fees for services (non-employees):			-,	-,
'' a	Management				
_					
b	<u> </u>	16,343.		16,343.	
C	Accounting	10,515.		10,313.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e		7,091.		7,091.	
f	Investment management fees	7,031.		7,051.	
g	·	16 220	10 739	861.	4 650
	column (A) amount, list line 11g expenses on Sch O.)	16,239.	10,728.	001.	4,650.
12	Advertising and promotion	4.050	2 500	40	1 200
13	Office expenses	4,862.	3,500.	42.	1,320.
14	Information technology				
15	Royalties				
16	Occupancy	32,394.	24,564.	4,072.	3,758.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,086.	3,392.	204.	490.
23	Insurance	812.	621.	56.	135.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LITERACY AWARENESS	7,545.	7,545.		
b	PRINTING AND POSTAGE	6,663.	1,278.	762.	4,623.
c	MISCELLANEOUS	2,230.	,	449.	1,781.
d	MARKETING	2,165.	1,062.	207.	896.
	All other expenses	987.	987.	· · •	
25	Total functional expenses. Add lines 1 through 24e	588,954.	471,469.	52,179.	65,306.
26	Joint costs. Complete this line only if the organization		,	,	35,550.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	. —				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012)

04-2997446

Form 990 (2012) Part X Balance Sheet

		Check if Schedule O contains a response to an	y question i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			59,028.	1	84,712.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		13,055.	3	7,050.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated employ	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9	9) voluntary			
"		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,004.	9	330.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		44,547.			
	b	Less: accumulated depreciation	10b	26,282.	22,351.	10c	18,265.
	11	Investments - publicly traded securities			966,422.	11	830,537.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,078.		2,078.
	16	Total assets. Add lines 1 through 15 (must equ		1,063,938.		942,972.	
	17	Accounts payable and accrued expenses			21,625.	17	20,864.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Loans and other payables to current and forme					
.iak		key employees, highest compensated employee					
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). Co	emplete Part X of			
		Schedule D		·····	21 (25	25	20.064
	26	Total liabilities. Add lines 17 through 25			21,625.	26	20,864.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🗓 and			
ces		complete lines 27 through 29, and lines 33 ar			077 262		072 100
<u>la</u> n	27	Unrestricted net assets			977,363.	27	872,108.
Ва	28	Temporarily restricted net assets			14,950.	28	0. 50,000.
pur	29				50,000.	29	30,000.
Ę		Organizations that do not follow SFAS 117 (A	ISC 958), ci	neck nere			
S	00	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Ne.	32	Retained earnings, endowment, accumulated in			1,042,313.	32	922,108.
,	33	Total liabilities and not assets fund balances			1,063,938.	33 34	942,108.
	34	Total liabilities and net assets/fund balances			±,000,000.	ა 1	744,7/4.

Form 990 (2012) FIRST LITERACY, INC. 04 - 2997446Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 588,954. 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 -145.590. 3 3 1.042.313. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 25,385. Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 922,108. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII х Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit. review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2012)

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2c

За

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FIRST LITERACY INC.

Employer identification number 04-2997446

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 11, check only one box.) 1 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.) 2 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. 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	388,542.	363,516.	154,277.	145,963.	181,931.	1,234,229.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	,	,	,	,		
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
1	Total. Add lines 1 through 3	388,542.	363,516.	154,277.	145,963.	181,931.	1,234,229.	
5	The portion of total contributions	333,312.		101,277.	110,500.	101,501.		
3	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.						1,234,229.	
	ction B. Total Support				7		, , ,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 4	388,542.	363,516.	154,277.	145,963.	181,931.	1,234,229.	
	Gross income from interest,	,			•	,	· · ·	
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	33,083.	31,235.	34,782.	31,152.	28,749.	159,001.	
9	Net income from unrelated business	,			•		· · · · · · · · · · · · · · · · · · ·	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)	7,770.					7,770.	
11	Total support. Add lines 7 through 10						1,401,000.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	837,755.	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stop		_				>	
	ction C. Computation of Publ							
	Public support percentage for 2012 (I					14	88.10 %	
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	88.18 %	
16a	33 1/3% support test - 2012. If the o	-						
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2011. If the o							
	and stop here. The organization qualifies as a publicly supported organization							
17a	a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test							
	more, and if the organization meets the		•					
	organization meets the "facts-and-circ		•		,			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed better A. Public Support	elow, please com	olete Part II.)				
	ndar year (or fiscal year beginning in)	(2) 2009	(b) 2000	(a) 2010	(4) 2011	(a) 2012	(f) Total
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
_						+	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	\					
	and income from similar sources					<u></u>	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization's	L s first second this	rd fourth or fifth to	I ax vear as a sectio	n 501(c)(3) organia	zation
	check this box and stop here	-			•		L
Sec	etion C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2012 (I			column (fl)		15	%
	Public support percentage from 2011					16	
	ction D. Computation of Inves					_ 10	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2						
	33 1/3% support tests - 2012. If the						
198							
1-	more than 33 1/3%, check this box at						
C	33 1/3% support tests - 2011. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n ala not check a	DOX ON line 14, 19	a, or 190, check th	iis box and see in	STRUCTIONS	▶ └── '

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

FIRST LITERACY INC

Employer identification number 04-2997446

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		·
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose confe	erring
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or edu		
	Protection of natural habitat	Preservation of a certified I	historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a d	conservation easement on the last
	day of the tax year.		Hold at the Fad of the Tay Voca
_	Total months of a consequention accounts		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure.	ture included in (a)	
d	Number of conservation easements included in (c) acquired aft		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year▶	A	.
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	nd enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the o	rganization's accounting for
D-	conservation easements.	N. J. 11'-1'1 T	O'miles Assets
Pa	organizations Maintaining Collections of A		Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC	**	•
	historical treasures, or other similar assets held for public exhib	,	or public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describe		balance about works of art historical
b	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	cation, or research in furtherance of public s	ervice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		\ \$
			· ·
2	If the organization received or held works of art, historical treasu		
-	the following amounts required to be reported under SFAS 116	,	., p. 2
а	Revenues included in Form 990, Part VIII, line 1	, ,	▶ \$
h	Assets included in Form 990, Part X		\$

Sche	dule D (Form 990) 2012 FIRST LITER	ACY, INC.				04-299	7446	Page 2	2
	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other	Similar Ass	sets(contin		_
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a sign	ificant use of i	ts collection	n items	_
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progran	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatior	n's exemp	t purpose in F	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?		[Yes	☐ No)
Pai	t IV Escrow and Custodial Arran						/, line 9, or		
	reported an amount on Form 990, Par		_						
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contribution	s or other asse	ets not inc	luded			
	on Form 990, Part X?						Yes	☐ No	,
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
	· · ·	·	-				Amount	t	
С	Beginning balance					1c			Τ
	Additions during the year					1d			
	Distributions during the year					1e			_
f	Ending balance					1f			_
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?			<u> </u>	Yes	□ No	_
	If "Yes," explain the arrangement in Part XIII.								
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bad	ck (e) Four	years back	
1a	Beginning of year balance	50,000.	50,000.	50,	000.	50,00	0.	50,000	
	Contributions								
	Net investment earnings, gains, and losses	1,210.	1,153.	1,	571.	1,43	4.	1,478	
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	1,210.	1,153.	1,	571.	1,43	4.	1,478	
f	Administrative expenses								
	End of year balance	50,000.	50,000.	50,	000.	50,00	0.	50,000	
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	ed for the	organization	_		
	by:							Yes No	
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990,	Part X, line 10.						_
	Description of property	(a) Cost or ot				mulated	(d) Bool	k value	
		basis (investm	ent) basis	(other)	depre	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements			40,859.		22,594.		18,265	•

3,688.

Schedule D (Form 990) 2012

0.

18,265.

3,688.

d Equipment

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

FIRST LITERACY, INC. 04-2997446 Schedule D (Form 990) 2012 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4)(5) (6)(7) (8) (9) (10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description (b) Book value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

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

04-2997446 Schedule D (Form 990) 2012 FIRST LITERACY, INC. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d е Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4h 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: INCOME FROM THE ENDOWMENT FUNDS IS INTENDED TO BE USED TOWARDS SCHOLARSHIPS. PART X, LINE 2: FLIT FOLLOWS THE U.S. GAAP STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. WHICH REQUIRES FLIT TO REPORT ANY UNCERTAIN TAX POSITIONS AND TO ADJUST ITS FINANCIAL STATEMENTS FOR THE IMPACT THEREOF. AS OF JUNE 30, 2013, FLIT DETERMINED THAT IT HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT. FLIT FILES FEDERAL AND

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 FIRST LITERACY, INC.	04-2997446	Page 5
Schedule D (Form 990) 2012 FIRST LITERACY, INC. Part XIII Supplemental Information (continued)		
MASSACHUSETTS INFORMATIONAL TAX RETURNS. THESE RETURNS ARE GENERALLY		
SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS. FLIT		
DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE		
SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS.		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization FIRST LITERACY INC. 04-2997446 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual tò (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 FIRST LITERACY, INC. 04 - 2997446Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SPELLING BEE col. (c)) (event type) (event type) (total number) Revenue 204,723 204,723. 1 Gross receipts 2 Less: Contributions 200,753 200,753. 3 Gross income (line 1 minus line 2) 3.970 3,970. 4 Cash prizes 71. 5 Noncash prizes Direct Expenses 5,000 5,000. Rent/facility costs 7 Food and beverages 8,450 8,450. 8 Entertainment 4.379. 4,379. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 17,900 -13,9<mark>30.</mark> 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: __

Sch	nedule G (Form 990 or 990-EZ) 2012 FIRST LITERACY, INC. 04-29	97446		Page 3
11	Does the organization operate 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
40	to administer character garing?	ı'''		NO
	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a	+	%
	n outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
,	of "Yes," enter name and address of the third party:			
•	on 100, onto hamo and address of the time party.			
	Nama N			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided P			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	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 > \$			
D		\ a = a /		I David III
Гс			-	
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see	ınstru	ctions).
_				
_				
_				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047 **2012**

Open to Public Inspection

Employer identification number

FIRST LITERACY	, INC.						04-2997446
Part I General Information on Grants a	nd Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments ar	d Organizations in th	ne United States. C	complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	T .	<u> </u>		(f) Method of	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHINATOWN NEIGHBORHOOD CENTER - 885 WASHINGTON STREET - BOSTON, MA 02111	23-7209691	501(C(3)	15,000.	0.			TO SUPPORT AN ESOL LEARNER TUTORING PROGRAM FOR OTHER LEARNERS
BOSTON HERC 68 NORTH HAMPTON STREET BOSTON, MA 02118	04-3249198	501(C(3)	15,000.	0.			TO SUPPORT STIPENDS FOR VOLUNTEER TEACHERS AND SALARY OF THE PROGRAM DIRECTOR
BOSTON YOUTH & FAMILIES FOR PERKINS - 1483 TREMONT STREET - BOSTON, MA 02120	04-2602576	501(C(3)	8,000.	0.			TO SUPPORT CHILDCARE SERVICES FOR CHILDREN OF STUDENTS
CAMBRIDGE COMMUNITY LEARNING CENTER - 19 BROOKLINE STREET - CAMBRIDGE, MA 02139	04-3148659	501(C(3)	14,000.	0.			TO SUPPORT AN ADULT STUDENT LEADERSHIP PROGRAM
EAST BOSTON ECUMENICAL COMMUNITY COUNCIL - 50 MERIDIAN STREET, SUITE B-1 - EAST BOSTON, MA 02128	04-2774242	501(C(3)	15,000.	0.			TO SUPPORT AN ESOL CLASS FOR LATINA MOTHERS
EDUCATION DEVELOPMENT GROUP 434 MASSACHUSETTS AVENUE, SUITE G1 BOSTON, MA 02118	22-3092859	– , . , . ,	10,000.	0.			TO SUPPORT SALARY OF PROGRAM DIRECTOR
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization:	s listed in the line	1 table					

Schedule I (Form 990) FIRST LITERACY				mite of Ctotale (Cale	adula I (Farra 200). Da		4-2997446 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		парричанс	ouon grant	assistance	(book, FMV, appraisal, other)	Tion cash assistance	or assistance
EL CENTRO DEL CARDENAL (CATHOLIC							TO SUPPORT COMPUTER
CHARITIES) - 76 UNION PARK -							LITERACY STIPENTS FOR
BOSTON, MA 02118	04-2534041	501(C(3)	15,000.	0.			LEARNERS
INTERNATIONAL INSTITUTE OF BOSTON							TO SUPPORT A BASIC
1 MILK STREET							LITERACY CLASS FOR
BOSTON, MA 02109	04-2104325	501(C(3)	15,000.	0.			IMMIGRANTS AND REFUGEES
JAMAICA PLAIN COMMUNITY CENTER					1		
ADULT LEARNING PROGRAM - 144							TO SUPPORT A PROGRAM
MCBRIDE STREET - JAMAICA PLAIN, MA							COUNSELOR FOR ADULT
02130	23-7282116	501(C(3)	15,000.	0.	·		LEARNERS
							TO SUPPORT THE
JULIE'S FAMILY LEARNING PROGRAM							EDUCATIONAL DIRECTOR OF
133 DORCHESTER STREET							THE ADULT BASIC EDUCATION
SOUTH BOSTON, MA 02127	11-3692512	501(C(3)	15,000.	0.			PROGRAM
MUJERES UNIDAS AVANZANDO							TO SUPPORT THE OPERATION
54 CLAYTON STREET							OF THE ADULT EDUCATION
DORCHESTER, MA 02122	04-2753429	501(C(3)	8,500.	0.			PROGRAM
DORCHESTER, MA 02122	04-2733423	501(C(3)	0,300.	0.			FROGRAM
PROJECT HOPE							TO SUPPORT THE CORE
550 DUDLEY STREET							CURRICULUM OF THE ADULT
ROXBURY, MA 02119	04-2748880	501(C(3)	15,000.	0.			EDUCATION PROGRAM
PROJECT LITERACY							TO SUPPORT AN ESOL CLASS
123 MAIN STREET							AND ASSESSMENT OF
WATERTOWN, MA 02472	04-3275028	501(C(3)	13,000.	0.			STUDENT'S LEARNING GAINS
	01 02,0020		20,000.	-			
WAITT HOUSE							TO SUPPORT THE COUNSELOR
117 MT. PLEASANT AVENUE							AND LEARNER OUTREACH
ROXBURY, MA 02119	04-2688996	501(C(3)	15,000.	0.			WORKER
X-CEL INC. ADULT EDUCATION							
7 GLENVALE TERRACE							
JAMAICA PLAIN, MA 02130	04-3492163	501(C(3)	10,000.	0.			TO SUPPORT ABE CLASSES
	7 7 7 7 7 1 0 3	Pat/2/2/	10,000.	٠.			10 DOLLOKI TIDE CHADDED

Assistance to Ge	warnmants and Orga	nizations in the H	nited Ctates (Sah	adula I (Farm 000) Pa		4-2997446 Page
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
02-2103551	501(C(3)	13,500.	0.			TO SUPPORT THE "NEXT STEPS" COMPUTER LITERACY CLASS
04-2534041	501(C(3)	8,000.	0.	1		TO SUPPORT COMPUTER LEARNING PROJECT LED BY LEARNERS
04-2106324	501(C(3)	14,000.	0.			TO SUPPORT BI-LINGUAL COUNSELOR POSITION
04-3108058	501(C(3)	5,000.	0.			TO SUPPORT THE ESOL COORDINATOR POSITION
	(b) EIN 02-2103551 04-2534041 04-2106324	(b) EIN (c) IRC section if applicable 02-2103551 501(C(3) 04-2534041 501(C(3)) 04-2106324 501(C(3))	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (2) 2-2103551 501(C(3) 13,500. 04-2534041 501(C(3) 8,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 02-2103551 501(C(3) 13,500. 0. 04-2534041 501(C(3) 8,000. 0. 04-2106324 501(C(3) 14,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 02-2103551 501(C(3) 13,500. 0. 04-2534041 501(C(3) 8,000. 0. 04-2106324 501(C(3) 14,000. 0.	if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) 02-2103551 501(C(3) 13,500. 0. 04-2534041 501(C(3) 8,000. 0. 04-2106324 501(C(3) 14,000. 0.

TRST LITERACY 2012 SCHOLARSHIP				(book, FMV, appraisal, other)	
TRST LITERACY 2012 SCHOLARSHIP					
	14	14,000.	0.		
Part IV Supplemental Information. Complete this part to provide t	the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
CHEDULE I, PART I, LINE 2: FIRST LITERACY'S GRANT AN	ID PROGRAM I	DEVELOPMENT			
SSISTANCE PROGRAMS PROVIDE INCENTIVES FOR PROGRAMS TO	O PROVIDE E	HIGH QUALITY			
LASSES AND SERVICES AND ENSURE THAT LITERACY EDUCATION	ON IS LINKI	ED TO			
ROGRAM DEVELOPMENT AND STUDENT PARTICIPATION. THE FI	RST LITERAC	CY			
CHOLARSHIP PROGRAM ENABLES ADULT LEARNERS TO ATTEND	COLLEGE OR	JOB			
RAINING CLASSES. BOTH GRANTS AND SCHOLARSHIPS ARE AW	ARDED AFTER	R A FORMAL			
UBLIC AND COMPETITIVE APPLICATION PROCESS. ALL PROGR.	RAM GRANTS A	ARE			
ECOMMENDED BY THE COMMUNITY ADVISORY COUNCIL AND APP					

DIRECTORS. SCHOLARSHIP RECIPIENTS ARE SELECTED BY A COMMITTEE OF THE BOARD

Schedule I (Form 990) (2012)

04-2997446 Schedule I (Form 990) FIRST LITERACY, INC. Page 2 Part IV | Supplemental Information CONSISTING OF INTERESTED BOARD MEMBERS. THE DIRECTOR OF PROGRAMS AND THE CHIEF EXECUTIVE OFFICER. THE GRANTS ARE AWARDED FOR TWO YEARS, SUBJECT TO PROGRAM PERFORMANCE AND AVAILABILITY OF FIRST LITERACY FUNDS. THE FIRST HALF OF THE ANNUAL GRANT IS PAID AT BEFORE THE END OF THE CALENDAR YEAR, THE SECOND HALF OF THE ANNUAL GRANT IS CONDITIONAL UPON A) A SATISFACTORY SITE VISIT BY THE DIRECTOR OF PROGRAMS THAT ASCERTAINS THAT THE PROGRAM IS IMPLEMENTING THE PROJECT AS PROPOSED; AND B) DOCUMENTATION THAT THE RECIPIENT'S EXPENSES CONFORM TO THE APPROVED BUDGET. THE FIRST HALF OF THE SECOND YEAR GRANT IS DISTRIBUTED AFTER FIRST LITERACY RECEIVES THE END-OF-THE-YEAR REPORT FROM THE PROGRAM. USUALLY AT THE END OF THE CALENDAR YEAR. THE SECOND HALF OF THE SECOND YEAR GRANT IS DISTRIBUTED AFTER A SATISFACTORY SECOND SITE VISIT, USUALLY AT THE END OF THE FISCAL YEAR. SCHOLARSHIP RECIPIENTS RECEIVE THEIR AWARDS AT A CEREMONY HOSTED BY BOSTON'S MAYOR. THE SCHOLARSHIPS ARE RESTRICTED TO EDUCATION RELATED EXPENDITURES. FIRST LITERACY'S DIRECTOR OF PROGRAMS MAKES AN EFFORT TO KEEP IN TOUCH WITH ALL SCHOLARS, MONITORING THEIR PROGRESS, AND ASSISTING THEM WITH ISSUES THAT COME UP FROM TIME TO TIME.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization **Employer identification number** 04-2997446 FIRST LITERACY, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOCIETY FOR THE PAST 25 YEARS FIRST LITERACY HAS PROVIDED LIFE-CHANGING RESOURCES TO COMMUNITY-BASED ADULT LITERACY PROGRAMS IN GREATER BOSTON. THROUGH OUR FUNDING, PROFESSIONAL DEVELOPMENT AND SUPPORT SERVICES, AND SCHOLARSHIPS WE HAVE HELPED NEARLY 45,000 ADULT LEARNERS AND THEIR FAMILIES ON A PATH TO A BETTER LIFE. WE TAKE CARE OF THEIR FIRST STEPS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATED SERVICES. FLIT OFFERS PROFESSIONAL DEVELOPMENT WORKSHOPS FOR ADULT EDUCATORS AND PROJECT GRANTS FOR ABE PROVIDERS. FLIT ALSO AWARDS SCHOLARSHIPS TO ADULTS WHO HAVE COMPLETED THEIR BASIC EDUCATION AND ARE CONTINUING ON TO COLLEGE OR ADVANCED SKILLS TRAINING. THE LITERACY AWARENESS ACTIVITIES SPONSORED BY FLIT ARE DESIGNED TO INCREASE THE PUBLIC'S UNDERSTANDING OF THE IMPORTANCE OF ADULT LITERACY EDUCATION AND THE NEED FOR ADDITIONAL RESOURCES TO ENSURE THAT EVERY ADULT WHO NEEDS TO RECEIVE LITERACY EDUCATION IS ABLE TO DO SO. FLIT RECEIVES ITS SUPPORT FROM CORPORATIONS, THE GENERAL PUBLIC, AND COMMUNITY AND PRIVATE FOUNDATIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAINING. 1) FIRST LITERACY AWARDED GRANTS FOR SPECIFIC PROJECTS TO 19 COMMUNITY-BASED PROGRAMS IN FY 2013. GRANTS AWARDED RANGE IN AMOUNTS FROM \$5,000 TO \$15,000 AND TOTAL \$239,000. TOGETHER THE PROJECTS INVOLVE 1,200 LEARNERS AND INCLUDE CORE ABE CLASSES SUCH AS BASIC

Name of the organization FIRST LITERACY, INC.	Employer identification number 04-2997446
LITERACY AND ESOL, AS WELL AS CLASSES THAT GO BEYOND THE SCOPE OF CORE	
ABE CLASSES, PROVIDING STUDENTS WITH EDUCATIONAL FOUNDATIONS IN HEALTH	
AND WELLNESS, LEARNING STRATEGIES, AND ORAL PRESENTATION SKILLS. FIRST	
LITERACY ALSO SUPPORTS THE USE OF ADULT PEERS AS MENTORS AND EDUCATORS,	
WORKING AS TEACHERS' AIDES, TUTORS, AND TEACHERS. BECAUSE WE UNDERSTAND	
THE CHALLENGES THAT COMMUNITY-BASED ORGANIZATIONS FACE IN PROVIDING	
SERVICES, FIRST LITERACY'S GRANTS ALSO INCLUDE CRUCIAL SUPPORT FOR	
SERVICES SUCH AS EDUCATIONAL, CAREER AND PERSONAL COUNSELING, AND CHILD	
CARE. PUBLIC FUNDING IS OFTEN UNAVAILABLE FOR SUCH SERVICES; HOWEVER	
WITHOUT THEM MANY ADULT LEARNERS WOULD NOT BE ABLE TO PARTICIPATE IN OR	
COMPLETE CLASSES.	
2) PROGRAM DEVELOPMENT ASSISTANCE IS A CRITICAL PART OF OUR WORK AND	
TAKES THE FORM OF SITE VISITS TO OUR PARTNER-PROGRAMS AND PROFESSIONAL	
DEVELOPMENT WORKSHOPS OFFERED TO ALL LITERACY PROGRAMS IN THE AREA.	
DURING THE COURSE OF THE YEAR, MICHAEL FEHER, OUR DIRECTOR OF PROGRAMS,	
CONDUCTED SITE VISITS TO THE PROGRAMS THAT RECEIVE FUNDING, OFTEN WITH	
A MEMBER OF THE COMMUNITY ADVISORY COUNCIL, BOARD, OR STAFF. WHETHER IT	
WAS FEEDBACK ON A CLASS OBSERVED, THE SUGGESTION OF TEACHING	
APPROACHES, OR ADVICE ON PROGRAM EVALUATION AND PLANNING FOR PROGRAM	
DIRECTORS, WE PROVIDED REGULAR SUPPORT TO PROGRAMS SO THEY MIGHT	
CONTINUOUSLY IMPROVE THEIR CLASSES AND SERVICES.	
FOR THE SECOND YEAR, FIRST LITERACY HOSTED PROFESSIONAL DEVELOPMENT	
WORKSHOPS. OVER 100 ADULT EDUCATION PROFESSIONALS, INCLUDING PROGRAM	
DIRECTORS, TEACHERS, COUNSELORS, AND COORDINATORS, FROM MORE THAN 30	
PROGRAMS THROUGHOUT NEW ENGLAND, ATTENDED OUR WORKSHOPS IN FY 2013. ON	
AVERAGE, THESE ADULT EDUCATORS SERVE 52 STUDENTS PER YEAR. NOT ONLY ARE	
WE ARE MAKING A DIFFERENCE IN THE PROFESSIONAL LIVES OF ADULT	
EDUCATORS, WE ARE MAKING A DIFFERENCE IN THE LIVES OF 5,000 STUDENTS	adula O (Faura 000 au 000 FZ) (0040)

Name of the organization FIRST LITERACY, INC.	Employer identification number 04-2997446
WHO BENEFIT FROM THEIR IMPROVED SKILLS AND RENEWED PASSION FOR THEIR	
WORK.	
3) IN JUNE, FIRST LITERACY SELECTED THE RECIPIENTS OF THE SCHOLARSHIPS	
WHICH IT GIVES ANNUALLY TO ADULTS CONTINUING THEIR EDUCATION AT LOCAL	
COLLEGES OR SKILLS TRAINING FACILITIES. WE AWARDED FIRST YEAR	
SCHOLARSHIPS TO TEN AND CONTINUING SCHOLARSHIPS TO FOUR ADULTS AT AN	
ON-FIELD EVENT PRIOR TO THE JULY 22 RED SOX GAME AGAINST THE TAMPA BAY	
RAYS AT FENWAY PARK. THE SCHOLARSHIPS THAT FIRST LITERACY AWARDS TO	
ADULTS WHO HAVE COMPLETED BASIC EDUCATION OR ENGLISH LANGUAGE PROGRAMS	
AND ARE CONTINUING ON TO HIGHER EDUCATION, AND THE MENTORING THAT IS	
PROVIDED TO FIRST YEAR SCHOLARS, ARE AN IMPORTANT COMPONENT OF OUR	
PROGRAM WORK. THROUGH THESE AWARDS, FIRST LITERACY IS CHANGING LIVES.	
SET FORTH BELOW ARE EXAMPLES OF THE PROGRESS MADE BY STUDENTS IN	
CLASSES SUPPORTED BY FIRST LITERACY IN 2013:	
645 ADULTS MADE MEASURABLE EDUCATION PROGESS	
539 DEMONSTRATED IMPROVED COMPUTER SKILLS	
18 OBTAINED THEIR GED OR HIGH SCHOOL DIPLOMA	
57 ENTERED SKILLS TRAINING PROGRAMS	
49 ENTERED COLLEGE	
60 UPGRADED THEIR EMPLOYMENT	
201 ENTERED EMPLOYMENT	
244 HELPED CHILDREN WITH HOMEWORK	
43 JOINED A PARENT ORGANIZATION AT CHILDREN'S SCHOOL	
OUR SUPPORT MADE A DIFFERENCE TO OVER 1,200 ADULTS IN THE GREATER	
BOSTON AREA, MANY OF WHOM ACCOMPLISHED MORE THAN ONE MILESTONE.	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY	

REVIEWS THE FORM 990 BY COMPARING THE DATA TO THE FINANCIAL STATEMENTS AND

Name of the organization FIRST LITERACY, INC.	Employer identification number 04-2997446
THE ORGANIZATION'S GENERAL INFORMATION. ONCE THE REVIEW IS DONE, THE FORM	
990 IS SUBMITTED.	
FORM 990, PART VI, SECTION B, LINE 12C: STAFF SIGNS CONFLICT OF INTEREST	
POLICY; BOARD DISCUSSES RELATED PARTY ISSUES AT THE BOARD MEETINGS AND	
PROPERLY DISCLOSES, IF ANY.	
FORM 990, PART VI, SECTION B, LINE 15A: BOARD OFFICERS DISCUSS PERFORMANCE	
AND SUGGEST CHIEF EXECUTIVE OFFICER'S SALARY WHICH IS THEN APPROVED BY THE	
BOARD	
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990	
AVAILABLE FOR PUBLIC INSPECTION THROUGH WWW.GUIDESTAR.ORG	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST.	
FORM 990, PART XII, LINE 1C: FLIT HAS A COMMITTEE RESPONSIBLE FOR	
OVERSEEING THE REVIEW AND FOR SELECTING AN INDEPENDENT ACCOUNTANT. NO	
CHANGES IN THE OVERSIGHT PROCESS TOOK PLACE IN 2012.	

Form **8868** (Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex					X	
required of time to Persona visit www.	omplete Part II unless you have already been granted in filing (e-file). You can electronically file Form 8868 if you to file Form 990-T), or an additional (not automatic) 3-moon file any of the forms listed in Part I or Part II with the explanation of the IRS in page wire gov/efile and click on e-file for Charities & Nonprofits	you need anth extension of our format serious forma	a 3-month automatic extension of tir sion of time. You can electronically f Form 8870, Information Return for (see instructions). For more details	ne to file (6 ile Form 8 Transfers a on the elec	6 months for a corp 368 to request an Associated With C	extension ertain	
Part I							
-	ation required to file Form 990-T and requesting an autor			complete	_		
Part I on					oion of time	-	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	iios, and t	rusts must use romi 7004 to reques	an exten	sion or time		
Type or print Name of exempt organization or other filer, see instructions. Employer identification						nber (EIN) or	
File by the	FIRST LITERACY, INC.				04-2997446		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 160 BOYLSTON STREET, 2ND FLOOR	ee instruc	tions.	Social se	curity number (SS	N)	
instructions	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02116	oreign add	dress, see instructions.				
Enter the	e Return code for the return that this application is for (file	e a separa	tte application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	de Is For				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	0-BL	02	Form 1041-A				
Form 47	20 (individual)	03	Form 4720	09			
Form 99		04	Form 5227				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
• The b	SKYE MORRISON KRAMER ooks are in the care of 160 BOYLSTON STREET -	BOSTON,	MA 02116				
Telep	hone No. ▶ 617-482-3336		FAX No. ► 617-522-2799				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □	
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension	is for.	
1 I re	equest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2014, to file the exemp	•	to file Form 990-T) extension of time		The extension		
is	for the organization's return for:						
>	calendar year or						
>	x tax year beginning JUL 1, 2012	, an	nd ending JUN 30, 2013		_ ·		
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
	his application is for Form 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any	3a	\$	0.	
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3с	\$	0.	
Caution	. If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in:	structions.	

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

LHA