Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

alendar year 2023, or fiscal year beginning	JUL	1	, 2023, and ending	JUN	30	, 20 2 4

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For c

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

LITERACY COUNCIL OF FREDERICK COUNTY, **EIN or SSN** Name of filer 52-1100228

CATHERINE MOCK Name and title of officer or person subject to tax

PRESIDENT

Par	Type of Return and I	Return Information		
Form or 10a which	5330 filers may enter dollars and cer below, and the amount on that line	are using this Form 8879-TE and enter the applicable amount, if any, from the rests. For all other forms, enter whole dollars only. If you check the box on line 1a, for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b er -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below.	2a, 3a, 4a , 5b, 6b, 7	i, 5a, 6a, 7a, 8a, 9a, b, 8b, 9b, or 10b,
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	401,170.
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b _	
За	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	**
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _	
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	

4a	Form 990-PF check here L	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Sign	nature Authorization of Officer or Person Subject to Tax	100
Under	penalties of perjury, I declare that	X I am an officer of the above entity or I am a person subject to tax with r	respect to (name

and that I have examined a copy of the , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

IN: check one box only		·	
X lauthorize LSWG, P.A.		to enter my PIN	10024
ERO fi	rm name		er five numbers, but not enter all zeros

with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Catherine Mock

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Date 01/10/2025

Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

52460958511

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

01/07/2025 Date

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

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

Form 8879-TE (2023)



Return of Organization Exempt From Income Tax

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

Go to www.irs.gov/Form990 for instructions and the latest information. 2023

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	
В	Check if	C Name of organization	D Employer identif	ication number
ŧ	applicable	LITERACY COUNCIL OF FREDERICK COUNTY,	, ,	
	Addres	S TNO		
F	Name		52-11002	228
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Final	110 E PATRICK STREET	30160020	
	☐return/ termin- ated		G Gross receipts \$	482,915.
Г	Amend		H(a) Is this a group	
F	Applica	,	for subordinate	
	pendin	110 E PATRICK STREET, FREDERICK, MD 21701	H(b) Are all subordinates	
$\overline{}$	Ταν.ρνο	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. See instructions
	Websit		H(c) Group exempti	
				M State of legal domicile; MD
	art I	Summary	rear or formation. 2303	IVI State of legal dofficite, 112
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE ADIILTS WIT	H ESSENTIAL
9	'	LITERACY SKILLS FOR ENGLISH LEARNERS AND NATI		
Governance	2	Check this box if the organization discontinued its operations or disposed of m		
Jerr	3			1
<u>်</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		
		Total number of individuals employed in calendar year 2023 (Part V, line 1a)		
ties	6			
Activities &	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		
Ą	l 'a			
_	B	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	275,647.	
ne	8	Contributions and grants (Part VIII, line 1h)	14,634.	
Revenue	9	Program service revenue (Part VIII, line 2g)	13,978.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,529.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	310,788.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	238,404.	_
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	230,404.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 20,100.	0.	0.
ΩX	, b		80,932.	100,588.
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,336.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-8,548.	1
	19 4	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	-698. End of Year
Net Assets or	<u> </u>	Tabel accests (Dout V. line 4C)	677,155.	
SSe	20	Total assets (Part X, line 16)	297,244.	
let /	21	Total liabilities (Part X, line 26)	379,911.	745,748.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20	377,711.	745,740.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	y knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	iy kilowicaye alla bellel, it is
truc	, 001100	t, and complete. Declaration of proparer (ether than officer) is based on an information of which prop	arci nas any knowleage.	
Sig		Signature of officer	Date	
Hei		CATHERINE MOCK, PRESIDENT		
He		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	_d [JAMIE G. ISEMINGER	if	
	u parer	Firm's name LSWG, P.A.	self-empl	52-1273734
	Only	Firm's address 201 THOMAS JOHNSON DRIVE	FIIIII S EIN -	, <u>u</u>
USE	Only	FREDERICK, MD 21702	Dhone no 1 3	301) 662-9200
N/0	v the IC	S discuss this return with the preparer shown above? See instructions	Priorie iio. (-	X Yes No
ivid	v LITE IF	io algorigo trila rotatri with trio probatol allowil above: OCC IIIali ucliulia		IES INU

	LITERACY COUNCIL OF FREDERICK COUNTY,		
Form	m 990 (2023) INC 52-11002	228	Page 2
Pai	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PROGRAMS INCLUDE INDIVIDUAL AND SMALL GROUP TUTORING, ENGLISH AS	Α	
	SECOND LANGUAGE COMMUNITY CLASSES, WORKPLACE ENGLISH CLASSES, ANI)	
	PARENT ENGLISH CLASSES IN LOCAL ELEMENTARY SCHOOLS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions		nd
	revenue, if any, for each program service reported.	iscs, ai	IG
 4а	202 770	16	505.
4a	THIS PAST YEAR THE LITERACY COUNCIL PROVIDED SERVICES TO 472 ADUIT		
	TUTORING AND CLASS INSTRUCTION PROGRAMS. 190 VOLUNTEERS PROVIDED		
	VOLUNTEER HOURS OF INSTRUCTION, INSTRUCTION PREPARATION, TRAVEL,	10,	070
	PROFESSIONAL DEVELOPMENT, AND OVERALL SUPPORT OF THE LITERACY COL	TNICIT	ר י מ
	PROGRAMS VALUED AT \$562,569.	INCI	<u>ы</u>
	PROGRAMS VALUED AT \$302,309.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		

4d Other program services (Describe on Schedule O.) (Expenses \$

including grants of \$ Total program service expenses

) (Revenue \$

Part IV | Checklist of Required Schedules

INC 52-1100228 Page 3

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Page 4

22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Count (P.). (They; Complete Schedule), Parts I and III. 25 Did the organization answer "Yes" to Part VII, Section A, Iii es 3, 4, or 5, about compensation of the organization's current and former officers, directors, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part IV at vital issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Part IV is go to like year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Part IV is go to like year. The Yes of Schedule J. Part IV is go to like year and a recover account that the termination with a disqualified person that the the through and schedule J. Part I is supported by the year to defease any tax-everpt bonds? 24b Did the organization review and an excess about the through section 4 any time during the year to defease any tax-everpt bonds? 25c Section 501(2)(3), 501(2)(4), and 501(2)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person that the transaction has not been reported on any of the organization engage in an excess benefit transaction has not been reported on any of the organization prior Forms 900 or 990 E27. If "Yes," complete Schedule L, Part I I is the transaction has not been reported on any of the organization prior prior year, and that the transaction has not been reported on any of the organization prior prior year, and that the transaction has not been reported on any of the organization prior or payables to any current or former office organization and the prior of the year than the prior of year year. The year organization and year that it engaged in an excess benefit transaction with a disqualided person in a prior year, and that the transaction has not been reported on any of the organizations. We will not the prior of year of				Yes	No
23 Dit the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5, about compensation of the organization scurrent and former officers, directors, furstees, key employees, and highest compensated employees? 24 Pa Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "Yo," to take 25a. 25a Dit the organization minimal proceeds of fax-exempt bonds beyond a temporary period exception? 25b Did the organization minimal an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Section 501(5)(3, 501(44)), and 501(2)(2) organizations. Did the organization appeal in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(5)(3, 501(44)), and 501(2)(2) organizations. Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that in 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 II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II II 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, unstantial contributor? If "Yes," complete Schedule L, Part II II 28a X. Was the organization founder work that a substantial contributor? If "Yes," complete Schedule L, Part II II 28b A A Durint or	22				,,
and former officers, directions, flustees, key employees, and highest compensated employees? # "Yes," complete Schedule 1. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? # "Yes," answer fires 24b through 24d and complete Schedule K. If "No." go to line 25a 24b Did the organization maintain an earchw account other than a refunding secrory at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an earchw account other than a refunding secrory at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an earchw account other than a refunding secrory at any time during the year? 24d Did the organization early an early in the year? 24d Did the organization early and 501(p(3), 501(p(4), and 501(p(3)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the present in the organization expend on any early if "Yes," complete Schedule L, Part I Did the organization expend any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former, substantial contributor? 25d Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trust			22		X
Schedule / Law and day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and the start is engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I., Part I 25a Section 50(16), 50(16)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part I 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II 25b Did the organization are provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officiar, director, director, rustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV 26b Did the organization provide a grant or other assistance to any current or former officiar, director, trustee, key employee, creator or former officiar, director, fustee, key employee temporary grant selection committee member, to to a 39% controlled entity of none or more individuals and the selection of any organization selection organization rec	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 24th through 24d and complete Schedule K. If "No.", go to line 25a 24b 24b 2 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24c		· · ·	22		×
stat 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 fine 25s b Did the organization meast any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 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 organizations prior Forms 990 or 990 E27. If "Yes," complete Schedule I, Part II 25b	24 a		23		1
Schedule K. If "No." po to line 25a. \$24b X					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain am excrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24c 24d 25a Section 501(c)(a), 501(c)(b), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(a), 501(c)(b), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(a), 501(c)(b), and 501(c)(29) organizations. Did the organization engage 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			24a		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization region in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b It 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spice for the year. 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity forbuding an employee thereofy of rainly member of any of these persons? If "Yes," complete Schedule L, Part II 27d X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II 28d X 28d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II 28d X 29d A A marrier of romer officer, director, turstee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 28d X 29d A C A 35% controlled entity of one or more individual described in line 28a? If "Yes," complete Schedule L, Part II 28d A X 29d Did the organization receive more hand \$25.000 in noncash contributions? If	b				
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If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a respon	37				
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	D-		38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V		 I	<u> </u>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			_		
(south Early strained to a transfer of the strained to the str		Enter the Hamber of Fermi W 24 metaded of time fat Enter of the applicable	4		
	U	(manyly lie a) value in ma to make a view one	10		

Form 990 (2023) **Part V** Sta

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			Yes	No
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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			\ _{3,7}
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	X	
a	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d e		7e		Х
f		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b			
	Did the constitution of the facility of the fa	14a		Х
	If IIV and I have it filed a Form 700 to second the agreement of the second sec	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-fD		
.5	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAROLE SOUTHAM - 3016002066 E PATRICK ST, FREDERICK, 21701 110

52-1100228 Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Page 7

- 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week					T	100,	from the	from related organizations	other
	(list any hours for	direct						organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
711	line)	lnd	Inst	0#i	Ke	Hig e	For			
(1) SHARON JACKO	3.00									•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) GEORDIE WILSON	1.00									•
PAST PRESIDENT	0 00	Х		Х				0.	0.	0.
(3) CARMEN HERNANDEZ	2.00									•
SECRETARY	4 00	Х		Х				0.	0.	0.
(4) CAROLE SOUTHAM	4.00									•
TREASURER	1 00	Х		Х				0.	0.	0.
(5) ERIK JONES	1.00								_	•
DIRECTOR	1 00	Х						0.	0.	0.
(6) MICHAEL COHEN	1.00	.,							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) SAKINA HUSAIN	1.00	. ,						_	_	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) RICHARD HOLLEY	1.00	v						0.	0.	0
(9) CATHERINE MOCK	3.00	Х						0.	0.	0.
VICE PRESIDENT	3.00	Х		х				0.	0.	0.
(10) CYNDI MCNAMARA	1.00	Δ		_				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) SILVIA MUNOZ	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) PETER SHUCK	1.00	22						<u> </u>	<u> </u>	0.
DIRECTOR	1.00	х						0.	0.	0.
(13) GINGER TRAUTMAN	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
(14) GRACIELLA ZURITA	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
		T-								
		1								
		1								
		1								
										000

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(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more son i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizati d relate anizatio	e ion ed
		_											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including but n								0 • eceived more than \$100,	000 of reportable	0.			0.
compensation from the organization												Yes	0 N o
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple on fr	ete S	Sche anv	edule unre	e <i>J f</i> e	or such individual	dual for services		4		X
rendered to the organization? If "Yes," com											5		Х
Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	6100,000 of comp	pensat	tion fro	om .	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(0		
Name and business	address	NC	ONE	<u> </u>				Description of s	services	С	ompe		<u> </u>
							\dashv						
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				

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Form 990 (20)23) INC	
Part VIII	Statement of Revenue	

		Check if Schedule O contains a re	esponse (or note to any line	e in this Part VIII			
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts s	1 a	Federated campaigns	1a	34,838.				
ir our	b	Membership dues	1b					
s, G Am	С	Fundraising events	1c	17,124.				
a ii	d	Related organizations	1d					
is, (е	Government grants (contributions)	1e	107,282.				
i ți	f	All other contributions, gifts, grants, and						
ig #				212,905.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g \$		252 442			
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f			372,149.			
				Business Code	10 000	10 000		
e G	2 a			611710	12,000.	12,000.		
ervi Ie	b			611710	2,880.	2,880.		
o Si	С	BACKGROUND SCREENIN	IG R	611710	1,625.	1,625.		
Program Service Revenue	d							
og F	е							
Δ.	f	All other program service revenue			16 505			
	g	Total. Add lines 2a-2f			16,505.			
	3	Investment income (including dividend			12 220			12 220
					13,330.			13,330.
	4	Income from investment of tax-exemp	t bond p	roceeds				
	5	Royalties	 Real	(ii) Darsanal				
	_		Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С.	Rental income or (loss) 6c						
		Net rental income or (loss)	curities	/ii) Othor				
	/ a		613.	(ii) Other				
		, 	,013.					
o l	D	Less: cost or other basis	074					
ŭ	_	and sales expenses 76 76 , Gain or (loss) $7c$ -1 ,	161					
ther Revenue					-1,461.			-1,461.
<u>بر</u>		Net gain or (loss) Gross income from fundraising events (no			1,401.			1,401.
		including \$ 17,124.						
٥		contributions reported on line 1c). See						
		Part IV, line 18		6,318.				
	b	Less: direct expenses						
		Net income or (loss) from fundraising		, -,	647.			647.
		Gross income from gaming activities.			, = . •			
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming acti						
		Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inve						
				Business Code				
ons	11 a							
ane	b							
Miscellaneous Revenue	С							
∄išć	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			401,170.	16,505.	0.	12,516.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 264,993. Other salaries and wages 225,244. 26,499. 13,250. 7 Pension plan accruals and contributions (include 7,368. 6,263. 737. 368. section 401(k) and 403(b) employer contributions) 8,856. 7,527. 886. 443. Other employee benefits 9 20,063. 17,054. 2,006. 003. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 12,400. 12,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,492. 3,492. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,876. 9,451. 950. 475. column (A), amount, list line 11g expenses on Sch O.) 8,835. 7,515. 263. 1.057. Advertising and promotion 12 12,547. 8,693. 1,023. 2,831. Office expenses 13 6,933. 5,893. 693. 347. Information technology 14 15 Royalties 2,746. 3,981. 1,073. 162. 16 Occupancy 381. 381. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,511. 1,511. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 $3,\overline{349}$ 3,349. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 30,596. 30,596. TEACHING MATERIALS & WO MISCELLANEOUS 3,557. 2,788. 605. 164. 2,130.2,130. PROFESSIONAL MEMBERSHIP С d All other expenses 401,868. 323,770. 57,998. 20,100. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

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

0 (2023)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 90. 90. 1 Cash - non-interest-bearing 107,763. 86,565. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 1,324. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 944,206. 569,302. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 677,155. 1,032,185. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,422. 3,189. Accounts payable and accrued expenses 17 17 18 18 Grants payable 288,478. 262,709. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 20,539. 7,344. of Schedule D 297,244. 286,437. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 0. 31 Retained earnings, endowment, accumulated income, or other funds 31 379,911. 745,748. Total net assets or fund balances 32 32

1,032,185. Form **990** (2023)

677,155.

33

33

Total liabilities and net assets/fund balances

LITERACY COUNCIL OF FREDERICK COUNTY, INC 52-1100228 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 401,170. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 401,868. 2 2 -698. Revenue less expenses. Subtract line 2 from line 1 3 379,911. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 23,590. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 342,945. 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 745,748. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	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			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

LITERACY COUNCIL OF FREDERICK COUNTY, **Employer identification number** Name of the organization 52-1100228 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

52-1100228 Page 2

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	organization
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						
	Public support. Subtract line 5 from line 4.						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		, ,			1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
0-	organization, check this box and sto						
	ction C. Computation of Publi		<u>_</u>	. (5)		Taal	
	Public support percentage for 2023 (I					14	9
	Public support percentage from 2022						9
16a	33 1/3% support test - 2023. If the						
b	stop here. The organization qualifies 33 1/3% support test - 2022. If the		•			6 or more, check thi	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the orc	anization did not				
	and if the organization meets the fact						
	meets the facts-and-circumstances to	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	: - 2022. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

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

Sed	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	199,092.	254,043.	236,597.	261,946.	355,025.	1306703.
	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	18,411.	11,984.	16,624.	24,357.	16,505.	87,881.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to	16 000	16 000	16 000	16 000	16 000	00.000
_	the organization without charge	16,000.	16,000.		16,000.		
	Total. Add lines 1 through 5	233,503.	282,027.	269,221.	302,303.	387,530.	14/4504.
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons	73,750.	79,750.	51,500.	35,000.	78 000	318,000.
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	73,7301	73,7301	31,3001	33,000.	70,000	
	amount on line 13 for the year		50 550	F4 F00	25 222	70.000	0.
	Add lines 7a and 7b	73,750.	79,750.	51,500.	35,000.	78,000.	
	Public support. (Subtract line 7c from line 6.)						1156584.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	233,503.	282,027.	269,221.	302,303.	387,530.	1474584.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,738.	35,659.	41,471.		-	111,715.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
_	acquired after June 30, 1975	8,738.	35,659.	41,471.	13,978.	11 869	111,715.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0,730.	33,033.	±1,±/1•	13,570.	11,005.	111,713.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	242,241.	317,686.	310,692.	316,281.	399,399.	1586299.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f		ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li		•	olumn (f))		15	72.91 %
_	Public support percentage from 2022					16	92.77 %
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 7 . 0 4 %						
	Investment income percentage from 2					17	7.04 %
	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		.03	.13
	1		
	2		
	3a		
	<u> </u>		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Jd		
	5b		
	5c		
	6		
	-		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	401		
- این	10b	n 000)	2000

		(Form 990) 2023	INC		OF FREDER	ICK COUNTY,	52-11	0022	8 Pa	age 5
Par	t IV	Supporting Organiza	ations (continue	ed)						
									Yes	No
11		he organization accepted a q	•	•	٠.					
а	A pers	son who directly or indirectly	y controls, either al	one or together	with persons desc	ribed on lines 11b and				
	11c b	elow, the governing body of	a supported organ	nization?				11a		
		ily member of a person desc						11b		
С	A 35%	6 controlled entity of a perso	on described on line	e 11a or 11b abo	ove? If "Yes" to lin	e 11a, 11b, or 11c, provi	ide			
		in Part VI.						11c		
<u>Sec</u>	tion E	3. Type I Supporting (Organizations							
									Yes	No
1		ne governing body, members								
		supported organizations have								
		ors, or trustees at all times of ively operated, supervised, of								
		ively operated, supervised, c ization, describe how the po		•	•					
		orted organizations and what					meng me	1		
2	Did th	ne organization operate for th	he benefit of any su	upported organiz	zation other than th	ne supported				
	organ	ization(s) that operated, sup	ervised, or controll	ed the supportir	ng organization? /	f "Yes," explain in				
	Part \	/I how providing such benef	it carried out the pu	urposes of the su	upported organizat	ion(s) that operated.				
	super	vised. or controlled the supp	oortina oraanization	1.	J.,	(-)		2		
Sec	tion (C. Type II Supporting	Organizations							
									Yes	No
1	Were	a majority of the organizatio	n's directors or tru	stees during the	tax year also a ma	ajority of the directors				
	or trus	stees of each of the organiza	ation's supported o	organization(s)?	If "No," describe in	n Part VI how control				
		nagement of the supporting								
		ipported organization(s).						1		
Sec	tion [D. All Type III Support	ing Organizati	ons						
									Yes	No
1	Did th	ne organization provide to ea	ach of its supported	d organizations,	by the last day of t	the fifth month of the				
	organ	ization's tax year, (i) a writte	n notice describing	the type and ar	mount of support p	provided during the prior	tax			
		(ii) a copy of the Form 990 th								
		ization's governing docume						1		
2		any of the organization's off								
		ization(s) or (ii) serving on th					w			
		ganization maintained a clos				•		2		
3		ason of the relationship desc		-		_	į.			
	-	cant voice in the organization				-				
		ne or assets at all times durir								
		orted organizations played in		700, 4000/100		ino organization o		3		
Sec	tion E	E. Type III Functionally	y Integrated S	upporting O	rganizations					
1	Check	k the box next to the method	that the organizati	on used to satis	fv the Integral Part	Test during the year (se	e instructions)			
а		The organization satisfied th	-		-	3				
b		The organization is the pare		•		line 3 below.				
С		The organization supported			•		tal entity (see in:	struction	s).	
2		ties Test. Answer lines 2a a		, ========			(222 m		Yes	No
а		ubstantially all of the organiz		uring the tax vea	r directly further th	ne exempt purposes of				
-		upported organization(s) to v		,	•					
		supported organizations			,					
		he organization was respons								
		hese activities constituted su		_	io, and now the org	garnzation determined		2a		
b		ne activities described on line	•		at, but for the orga	anization's involvement				
-		r more of the organization's			· ·					

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

2b

За

52-1100228 Page 6 INC Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7

Sect	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

8

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

8

Minimum Asset Amount (add line 7 to line 6)

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	۵۵۱	
		(u)(o) oupporting orga	inizations (continu	ea)	Current Year
<u>3ecu</u> 1	on D - Distributions Amounts paid to supported organizations to accomplish exe	mpt purposes	T	1	Current rear
	Amounts paid to supported organizations to accomplish exe			-	
2	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	os of supported organizations		3	
_ 	Amounts paid to acquire exempt-use assets	es of supported organizations	•	4	
_ 	Qualified set-aside amounts (prior IRS approval required - pri	avide details in Dart VI)		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
Ū	(provide details in Part VI). See instructions.	To organization to reopensive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elifo o amount arriada by line o amount	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

LITERACY COUNCIL OF FREDERICK COUNTY,

52-110<u>0228 Page 8</u> INC Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

LITERACY COUNCIL OF FREDERICK COUNTY,

OMB No. 1545-0047

Employer identification number

Inspection

52-1100228 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Total number at end of year		organization answered "Yes" on Form 990, Part IV, line	6.			
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised tunds are the organization inform all donors, subject to the organizations is exclusive legal control? Ves No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 3 off if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements and a seaments and a seaments area. 4 Total number of conservation easements included on line 2a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(a) Donor ad	lvised funds	(b) Funds and other accounts
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are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year				
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A Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(fi) and section 170(h)(4)(B)(fi)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X IV, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts re	3	Number of conservation easements modified, transferred, release	ised, extinguished,	or terminated by the	ne organiza	ation during the tax
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?		·				
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provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$	b					
(i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Arribition, education	ii, oi researcii iii iui	li lei ai lee (or public service,
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a Revenue included on Form 990, Part VIII, line 1	_				iai yaii i, pi	Ovido
						\$
b Assets included in Form 990, Part X \$						

LITERACY COUNCIL OF FREDERICK COUNTY, 52-1100228 Page 2 Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (R))					

Schedule D (Form 990) 2023

Schedule D	(Earm 000)	7 2023
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Schedule D (Form 990) 2023		34	-1100228 Page 3
Part VII Investments - Other Securities	on Farm 000 Part IV line	11h Can Farm 000 Bart V line 10	
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)	. ,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FEDERAL INCOME TAXES			2,402.
(3) MD INCOME TAXES			4,648.
(4) MD UNEMPLOYMENT TAX			56.
(5) ACCRUED PAYROLL			13,433.
(6)			•
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		20,539.
2. Liability for uncertain tax positions. In Part XIII, provide to			
organization's liability for uncertain tax positions under l			

		Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add li	nes 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other	(Describe in Part XIII.)	4b	
С		nes 4a and 4b		4c
5 Do	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto With Evnances par I	5
Pa	IL AII	Reconciliation of Expenses per Audited Financial Statemen	nts with Expenses per i	return
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T . T
1				1
2		ints included on line 1 but not on Form 990, Part IX, line 25:		
a		ted services and use of facilities	2a	-
b		year adjustments	2b	-
C		losses	2c	-
d		(Describe in Part XIII.)	,	00
е 3		nes 2a through 2d act line 2e from line 1		2e 3
4		act line 2e from line 1		3
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	
а	IIIVESI	interit expenses not included on i onni 330, i art viii, line 75	 a	-
h	Other		4b	
b		(Describe in Part XIII.)		40
С	Add li	(Describe in Part XIII.) nes 4a and 4b		4c 5
с 5	Add li Total	(Describe in Part XIII.)		4c 5
с 5 Ра	Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
5 Pa Prov	Add li Total rt XIII ide the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information	V, lines 1b and 2b; Part V, line 4	5
5 Pa Prov	Add li Total rt XIII ide the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line 4	5
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization LITERACY COUNCIL OF FREDERICK COUNTY, Employer identification number 52-1100228 INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 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 have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023

52-1100228 Page 2 INC Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
Revenue			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	COI. (C)
	1	Gross receipts	23,442.			23,442.
	2	Less: Contributions	17,124.			17,124.
	3	Gross income (line 1 minus line 2)	6,318.			6,318.
	4	Cash prizes				
w	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	5,671.			5,671.
		, , , , , , , , , , , , , , , , , , , ,				5,671.
Da	11 rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		.000 Dest IV line 10 and		647.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	reported more trian	
		\$10,000 0111 01111 000 EZ, III10 00.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						_
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

LITERACY COUNCIL OF FREDERICK COUNTY,

Sch	edule G (Form 990) 2023 INC 52-	-1100	228	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:			
		120	I	0/
	a The organization's facility			<u>%</u>
	o An 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			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
_				
•	If "Yes," enter name and address of the third party:			
	News			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•			Yes	□ No
	retain the state gaming license?		103	
L	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and f	N-14 III III	0	
Га		'art III, IIr	ies 9, 9	3D, 1UD,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

332083 09-13-23 Schedule G (Form 990) 2023

LITERACY COUNCIL OF FREDERICK COUNTY,

Schedule G	G (Form 990)	INC	52-1100228	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		
		(continuou)		

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

LITERACY COUNCIL OF FREDERICK COUNTY,

Employer identification number 52-1100228

FORM 990, PART VI, SECTION B, LINE 11B:			
MANAGEMENT PROVIDES THE BOARD A COPY OF THE FORM 990 FOR REVIEW.			
FORM 990, PART VI, SECTION B, LINE 12C:			
BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST SURVEY ANNUALLY.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WERE AVAILABLE UPON			
REQUEST AND THE FINANCIAL STATEMENTS WERE AVAILABLE AT			
WWW.FREDERICKLITERACY.ORG AND WWW.GUIDESTAR.ORG.			

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. LITERACY COUNCIL OF FREDERICK COUNTY, **Print** 52-1100228 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 110 E PATRICK STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 21701 FREDERICK, MD Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of CAROLE SOUTHAM 110 E PATRICK ST - FREDERICK, MD 21701 Telephone No. 3016002066 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or JUL 1 ___ , 20 <u>23</u> , and ending ____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2024)

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