Form	990	
Form	441	

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 pub
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

B Cocket if applicable C Name of organization D Employer identification number Intervention LITERACY GREEN BAY, INC. 39–1383597 Doing business as 39–1383597 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 424 S. MONROE AVENUE 920–435–2474 Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ 518,02 Mean and address of principal officer: ROBYN HALLET FName and address of principal officer: ROBYN HALLET H(a) Is this a group returm I maxexempt status: X 501(c)(3) 501(c)(.) < (insert no.) 4947(a)(1) or 527 I more organization: X Corporation Trust Association Other L Year of formation: 1981 M State of legal domicile Partial Summary 1 If the organization is mission or most significant activities: TO HELP ADULTS/FAMILIES WITH READING, WRITING, MATH, LANGUAGE, COMPUTER AND WORKFORCE SKILLS. 2 Check this box) if the organization icalendar year 2020 (Part V, line 1a) 3 4 Number of individuals employed in calendar year 2020 (Part V, line 2a) 5 5	
Interact of GREEN BAY, INC. 39-1383597 Doing business as 39-1383597 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 920-435-2474 Great Great Great Street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 920-435-2474 Great Great Great Street (or P.0. box if mail is not delivered to street address) Great Street (or P.0. box if mail is not delivered to street address) For address of principal officer: ROBYN HALLET Settion FName and address of principal officer: ROBYN HALLET For subordinates? Yes Yes I Tax-exempt status: Sistic()(3) 501(c) () (insert no.) 4947(a)(1) or 5277 J Website: WWW LITERACYGREENBAY.ORG H(b) Are all subordinates included? Yes Part I Summary I Briefly describe the organization's mission or most significant activities: TO HELP ADULTS/FAMILIES WITH READING, WRITING, MATH, LANGUAGE, COMPUTER AND WORKFORCE SKILLS. S 3 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing	
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Image: Second State of Province, Country, and ZIP or foreign postal code GREEN BAY, WI 54301 G cross receipts \$ 518,02 Amended Ferring GREEN BAY, WI 54301 H(a) Is this a group return for subordinates? Appended Pending F Name and address of principal officer: ROBYN HALLET SAME AS C ABOVE H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) (((insert no.) 4947(a)(1) or 527 J Website: WWW.LITERACYGREENBAY.ORG H(c) Group exemption number K form of organization: X corporation Trust Association Other L Year of formation: 1981 M State of legal domicite Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO HELP ADULTS/FAMILIES WITH READING, WRITTING, MATH, LANGUAGE, COMPUTER AND WORKFORCE SKILLS. 2 Check this box) if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2020 (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 6 3 7a Total number of word maters included: 7a 7a Total number of volunteers (estimate if necessary) 7a <t< th=""><td></td></t<>	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30.
	50.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 •	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 200,701. 252,95 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 36,496. 139,637. 160,46	0.
b Total fundraising expenses (Part IX, column (D), line 25) 36,496.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 400,418. 413,40	
19 Revenue less expenses. Subtract line 18 from line 12 43,269. 98,94	<u>49.</u>
Beginning of Current Year End of Year	4.0
20 Total assets (Part X, line 16) 687,665. 849,54 21 Total liabilities (Part X, line 26) 63,840. 81,67	
Image: Subtract line 21 from line 20 623,825. 767,86 Part II Signature Block	66.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		· · · ·					
	·						
Sign	Signature of officer		Date				
Here	ROBYN HALLET, EXECUTIV	E DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	WENDY MALLO		3/18/22 self-employed P01250277				
Preparer	Firm's name 🕒 CLIFTONLARSONALL	Firm's EIN ▶ 41-0746749					
Use Only	y Firm's address 2200 RIVERSIDE DRIVE						
	GREEN BAY, WI 54301 Phone no.920-436-7800						
May the IRS discuss this return with the preparer shown above? See instructions							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

ment of Program Service Accomplishments if Schedule O contains a response or note to any line in this Part III be the organization's mission: ADULTS AND FAMILIES ACQUIRE THE READING, WRITING, LANGUAGE, COMPUTER AND WORKFORCE SKILLS THEY NEED VELY AS WORKERS AND COMMUNITY MEMBERS. ization undertake any significant program services during the year which were not listed on the 0 or 990-E2? ribe these new services on Schedule O. ization cease conducting, or make significant changes in how it conducts, any program services? ribe these changes on Schedule O. organization's program service accomplishments for each of its three largest program services, as maxif(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, y, for each program service reported.	MATH , TO FUNCTION Yes X No Yes X No Yes X No No neasured by expenses. , the total expenses, and x 2 , 992.
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STUDENT ENROLLMENT DURING THAT TIME. WE RESUMED IN	
IN AUGUST, 2021. CHILDCARE IS TYPICALLY AVAILABLE	
IMES, HOWEVER DURING THE PANDEMIC, WE DID NOT OFFE	
E HAD NO IN-PERSON CLASSES. THE COMPUTER LAB IS ST.	
K, BUT AVAILABLE FOR STUDENTS TO WORK INDEPENDENTL	
S HOURS. OBJECTIVE: TO PROVIDE ENGLISH LANGUAGE LE.	
L THINKING INSTRUCTION TO ENABLE LEARNERS TO BECOM	-
FFICIENT PARENTS, EMPLOYEES AND COMMUNITY MEMBERS.	
ARE ENROLLED AND ATTENDING ONE OF THE 4 LEVELS OF	
) (Expenses \$) (Revenue) (Revenue) (Revenue) (Revenue)	
I: THE CHILDREN FIRST FAMILY LITERACY PROGRAM IS OF	
S AND TWO EVENINGS EACH WEEK FOR 2.5 HOURS PER CLA	
ON CLASSES RESUMED IN JUNE, 2021. OBJECTIVE: TO PR	
ENSIVE LITERACY-BASED EDUCATIONAL PROGRAM TO UNDER	
IVILEGED FAMILIES WITH CHILDREN UNDER AGE TEN BY O	
MING THAT INCLUDES GED INSTRUCTION, EARLY CHILDHOOD	-
NG AND INTERACTIVE PARENT AND CHILD TIME TOGETHER	
IES BETWEEN PARENTS AND THEIR CHILDREN. APPROXIMAT	
S PARTICIPATED IN THE PROGRAM IN 2020-2021. PARENT	
NG COMPUTER SKILLS/KEYBOARD TRAINING TO PREPARE FO	R THE ONLINE
M.	
) (Expenses \$26 , 549including grants of \$) (Revenue	
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THEIR LITERACY SKILLS. AN AVERAGE OF 200 TUTORED	
AR WITHIN A LEARNER-CENTERED CURRICULUM AND ON IND	IVIDUAL
GOALS. OBJECTIVE: TO PROVIDE EDUCATIONAL OPPORTU	NITIES TO
LEARNERS IN LITERACY GOALS SUCH AS ENGLISH LANGUAG	E LEARNING,
AINMENT, BASIC ADULT LITERACY SKILLS, CITIZENSHIP	OR OTHER
C GOALS. TUTORING PAIRS GENERALLY MEET 1-2 TIMES P	ER WEEK FOR 2
\sim 201170 · 10101110 IVIV GENERVITI WEET T=7 IIWED L	ER EVERY 50
URS PER WEEK. TUTORED STUDENTS ARE REASSESSED AFT	
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DURS PER WEEK. TUTORED STUDENTS ARE REASSESSED AFT OF INSTRUCTION TO MEASURE GAINS AND GOALS ACHIEVED. m services (Describe on Schedule O.) 18,631. including grants of \$) (Revenue \$)
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DURS PER WEEK. TUTORED STUDENTS ARE REASSESSED AFT OF INSTRUCTION TO MEASURE GAINS AND GOALS ACHIEVED. m services (Describe on Schedule O.) 18,631. including grants of \$) (Revenue \$) Form 990 (202
IO	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	ublic office? If "Yes," complete Schedule C, Part I			<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	3			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI			
D	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? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U		11c		х
Ь	ssets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX		х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			X
16	id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	.			
	contributions? If "Yes," complete Schedule M			X X
31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
<u>.</u>	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF		1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		<u> </u>
30		26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 31		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
	· · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Link Composition Link Composition Link Composition Link Composition 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the calandray are andiated was an excerced by the number of the number of employees reported on the 2a, did the organization the square covered by the number of employees reported on the 2a, did the organization that uses a cover of submit of the organization that uses a covered set of the number of the organization that uses are covered or a signature or other authority over, a financial account in a toring or country lack as a tab match account, security and or tab organization table of the organization receive and table of the organization table of the organization face of the table of the organization face of the organization face of the organization face of the organiz		n 990 (2020) LITERACY GREEN BAY, INC. 39-1383597 art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
ga Eart the number of employees reported on Eart W3, Transmitud of Wage and Tax Statements, the exchange year exchange year (weart year exchange year (weart year exchange yeart year). ga Z7 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ga X b If the capacity part of the tax is part of the state way of the organization have an intervest the same of the state way. ga X b If Yes, 'Instit filed a form 390 if for this year? if Yes' is the state state state way of the organization have an intervest in, or a signature or other authority over, a financial account in a foringe nounty year. ga X b If Yes, 'Instit filed a forming county year. Have the anare of the forming nounty year. ga X b If Yes, 'Instit filed a cognization file of the way in a park to a prohibited tax shelter transaction and any time during that year? ga X b If Yes, 'Instit filed a cognization file of the mage that an ormaly greater than \$100,000, and did the organization scients any contributions and spreas statement that such contributions or offs ga X b If Yes, 'India atth a cognization file organization are surger statement that such contributions or offs ga X b If Yes, 'India atth a cognization file organization necewers statement that such c	1 ai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V.	
text by the calendar year anding with or within the year covered by this neturn 12 a 27 27 Note: If the sum of lines 1 and 2 is greater than 250, you may be required to devia employment tax returns? 28 X ab the despinition have unrelated business gross income of \$1,000 or more during the year? 38 X bit 1 "ves," that if the d Form 100 Tor this year? If ves' to bin 25, provide an explanation on Schedule Or year, a signiture or other mathority over, a signiture or other framchal account, security a control to a prohibited tax shale count, accounts (EEAF). 4a X bit 7ves, 'enter the name of the foreign county > 5a X 5a X bit 20 and tax based party notify the quantization have or is a party to a prohibited tax shale transaction at any time during the tax year? 5a X cit 17ves, 'enter the name of the foreign county > 5a X 5a X bit 20 and tax based party notify the quantation that are normal greater than \$10.00,00, and did the organization have an other sectors 170(c). 5a X bit 11 **2: 10 the organization have and the goals or services provided? 7a X 7b X 11 **2: 10 the organization have and sectors descerify thany discrete party asis contributions or gifs were not tax deduct	0-			Yes	NO
b If a least one is reported on line 2a, did the organization file all required to <i>a</i> -file (see instructions) 2b X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Thes, 'has it filed a form 900-T for this year? If No'' to line 3b, provide an explanation on Schedule O 3a X b If 'Yes,'' that it filed a form 900-T for this year? If No'' to line 3b, provide an explanation or other famical account's explanation or sole and unright to calendary year, dith organization have interest, or a signature or other subortly over, a financial account's explanation or any time during the calendary year. 4a X b If 'Yes,'' the the name of the organization file Form 8806-T? 5a X 6a Do be sho organization approximation approximatis approximation approximatis approximation ap	2a				
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b If Yes," has it field a Form 990 T for his year? <i>If Yeb</i> ' to <i>line 3b</i> , provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a 5b Yes," enter the name of the foreign country (but as a bark account, socultes account(or other functional accounts (FEAR), 5a 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c - 6a Dest encountary to a prohibited tax shelter transaction? 5c - 6a Did any taxable party notify the organization have encountary to a prohibited tax shelter transaction? 5c - 6a Dest the organization neuropers shalt and contributions? 7a X - 7b Tys," of did the organization noticly the donor of the value of the goods or services provided? 7a X 7b Did the organization neuropers partitic notes are obleady. 7a X - 7c Yss," find the organization neuropers partitic notes are obleady. 7a X - 7b Tys," find the organization neuropers	20		2-		v
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 6a or 5b, did the organization file Form 8886-17 5c 5c d Dest the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts 6a X b If 'Yes, ' did the organization neaver as a contribution and party for goods and services provided to the payr? 7c X c Did the organization neaver as contributions under section 170(c). 7b X 7c X c Did the organization neaver as contribution and party for goods and services provided to the payr? 7c X c Did the organization neaver any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If 'Yes, 'indicate the number of Forms 8282 filed duning the year Zd 7t X f Did the organization neaver any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization neaver any funds, directly or indirectly, to pay premiums or apersonal benefit contract? 7d X g Ho	52		50		x
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c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X					
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	с				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	14a				Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15				
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
,					
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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LITERACY GREEN BAY, INC.

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

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

			10		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19	-		
	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.		19			
	Enter the number of voting members included on line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, c	or			
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliat	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
1a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				Х	
b					Х	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by independ	lent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				_
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Sec	tion 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
-	Own website Another's website X Upon request Other (explain		,			
19 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.						
20	State the name, address, and telephone number of the person who possesses the organization's bor ROBYN HALLET $-920-435-2474$	oks and record	ds 🕨			
	424 S. MONROE AVENUE, GREEN BAY, WI 54301					
						(20)

Form 990 (2020)	LITERACY GREEN BAY, INC.	39-1383597 Page 7				
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, Di	irectors, Trustees, Key Employees, and Highest Compensated En	nployees				
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per hours per life any hours for the and a stretchrospent below Deportable compension from organization (V2/1099-MISC) Estimated and poment of the organization (V2/1099-MISC) Estimated and poment of the organization (V2/1099-MISC) Estimated and poment of the organization (1) NoBYN HALLET 40.00 x x x 0.0.0. (2) Dak FABICH 2.00 x x x 0.0.0. (3) Stateset 2.00 x x 0.0.0. 0. (4) LORI FPLTERS 2.00 x x 0.0.0.0. 0. (5) Stateset of the compension x x 0.0.0.0. 0. 0. (6) JOIN FELLENER 2.00 x x 0.0.0.0. 0. TRESTERT x x 0.0.0.0.0.0. 0. 0. 0. (3) State of the stateset of the st	(A)	(B)			(0	C)			(D)	(E)	(F)
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(17) CHUCK RYBAK 0.50 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		0.50									-
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		0.50									<u> </u>
	DIRECTOR		Х						0.	0.	

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Form	990	(2020)
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Part VII Section A. Off	icers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B)			(C	C)			(D)	(E)			(F)	
Name and	d title	Average	(do	not cl	Posi			ne	Reportable	Reportable		Es	timated	b
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensatio	n	an	iount o	ıf
		week		cer an	d a di	recto	r/trus	ee)	- from	from related	I		other	
		(list any hours for	lirecto						the organization	organization (W-2/1099-MIS			oensat om the	
		related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-0013	,0,		anizatio	
		organizations	truste	al trus		yee	mper					•	l relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	1er				orga	nizatio	ns
		line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former						
(18) SUE STACKHOUSE		0.50												
DIRECTOR			Х						0.		0.			0.
(19) BRITTANY TOMAC		0.50												
DIRECTOR			Х						0.		0.			0.
(20) SABRINA ZERHOUN	I	0.50												
DIRECTOR			Х						0.		0.			0.
(21) KATHY ROHDE		0.50												_
FORMER PRESIDENT			Х						0.		0.			0.
(22) MICHAEL FOX		0.50												
DIRECTOR			Х						0.		0.			0.
(23) TIM HEINRICH		0.50												
DIRECTOR			Х						0.		0.			0.
(24) MARK SWIECICHOW	SKI	0.50												•
DIRECTOR		0 50	Х						0.		0.			0.
(25) THOMAS ROHAN		0.50												•
DIRECTOR		0 50	Х						0.		0.			0.
(26) SARAH KRIER		0.50												~
DIRECTOR			Х						0.		0.			0.
									58,057.		0.			0.
c Total from continua									0.		0.			0.
d Total (add lines 1b a									58,057.		0.			0.
		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
compensation from t	he organization												Vee	0
											ſ		Yes	No
									hest compensated emp			-		v
											····	3	_	<u>X</u>
•		-							ner compensation from t	-				х
				•					or such individual		·····	4	_	<u> </u>
									ed organization or individ			5		Х
Section B. Independent		plete Schedule	e J fe	or su	ich p	bers	on .					5		
· · · ·		mpensated inc	lono	ndor		ontra		e th	nat received more than \$	100 000 of comr	oneat	ion fro	m	
		-	-						the organization's tax y		ciisai			
	(A)	ine calendar ye			ig w				(B)			(C	•	
	Name and business	address	NC	ONE	2				Description of s	ervices	C) Isation	1
								1						
								Τ						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 0

Form **990** (2020)

032008 12-23-20

	1 990 (INC.		39-1383	597 Page 9
Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to a	ny line 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	1 a	Federated campaigns 1a 46,31	.8.			
un.	b	Membership dues 1b				
<u>G</u>	с	Fundraising events 1c 45,61	.1.			
ifts ar A	d	Related organizations 1d				
i, G	е	Government grants (contributions) 1e 73,31	.5.			
Sir	f	All other contributions, gifts, grants, and				
her	•	similar amounts not included above If 319,12	20.			
Contributions, Gifts, Grants and Other Similar Amounts	a	Noncash contributions included in lines 1a-1f 1g \$ 3, 39				
on Dur	9 h	Total. Add lines 1a-1f	▶ 484,364.			
0.0		Business C				
•	0.0	CLASSROOM & WORKBOOK F 61169		2,992.		
/ice	2 a			2,552.		
er.	b					
m S ven	C L					
grai Re	d					
Program Service Revenue	e					
ш	•	All other program service revenue	> 2.002			
	g	Total. Add lines 2a-2f	▶ 2,992.			
	3	Investment income (including dividends, interest, and	7 262			7 262
	_	other similar amounts)	▶ 7,263.			7,263.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Person	nal			
		Gross rents 6a				
	b					
	С	Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Othe	er			
		assets other than inventory 7a 6 , 101 .				
	b	Less: cost or other basis				
anı		and sales expenses				
venue	С	Gain or (loss) 7c 6,101.				
Re	d	Net gain or (loss)	▶ 6,101.			6,101.
Other Re	8 a	Gross income from fundraising events (not				
đ		including \$45,611. of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 17,30				
	b	Less: direct expenses 8b 5,67				
	с	Net income or (loss) from fundraising events	▶ 11,630.			11,630.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities	•			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Business C	Code			
sno	11 a					
nee	b					
ella	c					
Miscellaneous Revenue	d	All other revenue				
Σ	e	Total. Add lines 11a-11d	•			
	12	Total revenue. See instructions	▶ 512,350.	2,992.	0.	24,994.
03200	9 12-23-			· · · ·	•	Form 990 (2020)
			•			· · · · · ·

032009 12-23-20

08010318 131839 226-600574

Form	990	(2020

LITERACY GREEN BAY, INC. Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	i utai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		1 - 011	00.050	
	trustees, and key employees	56,704.	17,011.	28,352.	11,341
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		120.045	10 501	00 100
7	Other salaries and wages	177,758.	139,045.	18,581.	20,132
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	404	202	0.5	E 7
9	Other employee benefits	424. 18,052.	<u>282.</u> 12,015.	85. 3,614.	<u> </u>
0	Payroll taxes	10,052.	14,015.	3,014.	2,423
1	Fees for services (nonemployees):				
	Management				
		13,162.		13,162.	
	Accounting	13,102.		15,102.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2,079.		2,079.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	2,075.		2,075.	
y	column (A) amount, list line 11g expenses on Sch O.)	7 560	7,035.	525.	
2	Advertising and promotion	7,560. 337.	135.	67.	135
3	Office expenses	38,446.	36,064.	1,746.	636
4	Information technology	4,792.	2,875.	1,438.	479
5	Royalties	177920	270731	1,1001	
6	Occupancy	66,451.	60,989.	4,867.	595
7	Travel	,1011			
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	73.	69.	4.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,162.	24,156.	1,006.	
23	Insurance	·			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	MISCELLEANOUS	1,598.	882.	18.	698
a h	DUES & MEMBERSHIPS	803.	642.	161.	
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	413,401.	301,200.	75,705.	36,496
26	Joint costs. Complete this line only if the organization	,	,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				

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10 2020.05091 LITERACY GREEN BAY, INC. 226-6001

Form 990 (2020)

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Form 990 (2020)

LITERACY GREEN BAY, INC.

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			38,668.	1	27,589.
	2	Savings and temporary cash investments			256,679.	2	403,998.
	3	Pledges and grants receivable, net	15,654.	3	9,101.		
	4	Accounts receivable, net		21,000.	4	5,500.	
	5	Loans and other receivables from any current or					
	-	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disgualified persons (as defined				_	
		under section 4958(f)(1)), and persons described	•	``		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,863.	8	4,361.
As	9				8,072.	9	7,975.
	10a	Land, buildings, and equipment: cost or other			·	_	
		basis. Complete Part VI of Schedule D	10a	208,341.			
	b	Less: accumulated depreciation		<u>208,341.</u> 115,771.	117,732.	10c	92,570.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			225,997.	15	298,446.
	16	Total assets. Add lines 1 through 15 (must equa			687,665.	16	849,540.
	17	Accounts payable and accrued expenses			21,840.	17	23,497.
	18	Grants payable				18	
	19	Deferred revenue				19	8,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
S	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		ſ	42,000.	25	50,177.
	26	Total liabilities. Add lines 17 through 25			63,840.	26	81,674.
s		Organizations that follow FASB ASC 958, chec	ck here				
Ce		and complete lines 27, 28, 32, and 33.			221 422		
alar	27				331,433.	27	357,937.
ЯВ	28				292,392.	28	409,929.
nn		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🛄			
Ω		and complete lines 29 through 33.					
ets e	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
¢t A	31	Retained earnings, endowment, accumulated inc			623,825.	31	767 066
ž	32					32	767,866.
	33	Total liabilities and net assets/fund balances			687,665.	33	849,540.

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Form 990 (2020)
Part X Balance Sheet

Form	1990 (2020) LITERACY GREEN BAY, INC.	39-138	3597	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	413		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			25.
5	Net unrealized gains (losses) on investments	5	45	5,09	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	767	,80	66.
Pa	rt 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 in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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
2020
Open to Public Inspection

Nan	neo	oft	ne organization							identification number
D		-		RACY GREEN						9-1383597
Pa			Reason for Public (ee instruction	S.	
The	org	jani	zation is not a private found	ation because it is: (For lines 1 through 12, cl	neck only o	one box.)			
1			A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2			A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4			A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
			city, and state:		<i>,</i> ,				~ /	, <i>,</i>
5			An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
Ű	L		section 170(b)(1)(A)(iv). (0			or operation	ou by u go			
6					aantal unit daaavibad in	nation 17	0/6//4//4/	(.)		
6			A federal, state, or local gov	•				.,		
'	X	>	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	Dudiic described in
_		_	section 170(b)(1)(A)(vi). (C							
8		4	A community trust describe			-				
9			An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	_	_	university:							
10			An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
			activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fi	rom gross investment
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
			See section 509(a)(2). (Con	mplete Part III.)						
11			An organization organized a	and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).		
12			An organization organized a	and operated exclus	ively for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	purposes of one or
			more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section &	509(a)(3).	Check the box in
			lines 12a through 12d that	-						
а	ı [Type I. A supporting orga	• •		-			-	aivina
			the supported organization	-	-	• • • •	-			
			organization. You must o							
b	, r		Type II. A supporting org	-		ion with its	sunnorte	d organizatio	n(e) by bay	vina
	, ,		control or management o	-				-		•
			-			une persoi	is that coi		je ine supp	Joned
_	. [organization(s). You mus			in connect	ion with a	and functional	lu into avoto	
C	, L		J Type III functionally inte						ly integrate	u with,
-	. 1		its supported organization							
C			Type III non-functionally						-	
			that is not functionally int			•		-	an attentiv	/eness
	г		requirement (see instruct	,	•					
e	, [Check this box if the orga					Type I, Type	II, Type III	
		_	functionally integrated, or		nally integrated supportir	ng organiza	ation.			
			r the number of supported of	•						
g	ΙP		ride the following information) Name of supported	about the supporte	ed organization(s).	(iv) Is the orda	nization listed	(v) Amount of	monetany	(vi) Amount of other
		,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)
					above (see instructions))	Yes	No			
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 LITERACY GREEN BAY, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	594,400.	336,324.	416,175.	405,878.	484,364.	2237141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	594,400.	336,324.	416,175.	405,878.	484,364.	2237141.
	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)						260,389.
6	Public support. Subtract line 5 from line 4.						1976752.
	ction B. Total Support	,			•		·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	594,400.	336,324.	416,175.	405,878.	484,364.	2237141.
	Gross income from interest,	-	-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,480.	6,052.	7,196.	8,549.	7,263.	33,540.
9	Net income from unrelated business				-		· · · · · · · · · · · · · · · · · · ·
	activities, whether or not the						
	business is regularly carried on	11,444.	18,311.	11,776.	19,880.	11,630.	73,041.
10	Other income. Do not include gain				-		· · · · · · · · · · · · · · · · · · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)	603.	266.	631.	211.		1,711.
11	Total support. Add lines 7 through 10						2345433.
12	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	52,136.
	First 5 years. If the Form 990 is for th	,	,				<u> </u>
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi		-				
	Public support percentage for 2020 (I			olumn (f))		14	84.28 %
15	Public support percentage from 2019					15	83.16 %
16a	33 1/3% support test - 2020. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				3 >
			,	, , .,		edule A (Form 990	
					20110		 , ,

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 LITERACY GREEN BAY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)			1			
14 First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third	fourth. or fifth tax	vear as a section 5	i01(c)(3) organizatio	n.
check this box and stop here	•		•			
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	• •	•	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20					17 18	%
18 Investment income percentage from 319a 33 1/3% support tests - 2020. If the			on line 14 and line			% 7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						🚩 📖
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
032023 01-25-21	IT GIG HOL CHECK &	<u>507 011 me 14, 13</u>			edule A (Form 990) or 990-F7\ 2020
002020 0 1-20-2 1		15	5	301		5 51 550-L2j 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
с	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sec	ction B	5. Type I Supporting Organizations			
				Yes	No
1	more s directo effecti organi	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	superv	ised, or controlled the supporting organization.	2		L
				N.	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
500	<u>the su</u>	oported organization(s). • All Type III Supporting Organizations	1		<u> </u>
				V	
	B ¹ 1 1			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	Ũ	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	Ũ	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1	\parallel	
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the me	thod that the organization us	ed to satisfy the Integral Part	Test during the year	ar (see instructions).
---	------------------------------	-------------------------------	---------------------------------	----------------------	------------------------

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is	the parent of each	of its supported organizations.	Complete line 3 below.
---	--	---------------------	--------------------	---------------------------------	------------------------

cL		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	1 <u>s).</u>
----	--	---------------------------------------------------	------------------------------------------------------------------------------	--------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would 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.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

08010318 131839 226-600574

Schedule A	(Form 990 or 990-EZ) 2020	LITERACY	GREEN	BAY,	INC.	
Part V	Type III Non-Functio	nally Integrat	ed 509(a)(3) Supp	oorting (Organizations

1 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		inization (see

7 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 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 LITERACY GREEN BAY, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019 Excess from 2020			
е				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI 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. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

20		990 or 990-EZ) 2020 INC. 226-6
	20	Schedule A (Form 20 2020.05091 LITERACY GREEN BAY,

023171 04-01-20

Identification of Excess Contributions Included on Part II, Line 5

39-1383597

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
QUALITY INSULATORS	74,071.	27,162.
SCHNEIDER NATIONAL	59,100.	12,191.
ESTATE OF BILLIE KRESS	75,000.	28,091.
AMERICAN FOODS GROUP	58,900.	11,991.
WISCONSIN TECHNICAL COLLEGE SYSTEM	227,863.	180,954.
Total Excess Contributions to Schedule A, Part II, Line 5		260,389.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

30	_138	3597
55	T 7 0	5551

Name of the	organization
-------------	--------------

Organization type (check one)

erganization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

LITERACY GREEN BAY,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

39-1383597

LITERACY GREEN BAY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DOLLAR GENERAL LITERACY FOUNDATION PO BOX 1064 GOODLETTSVILLE, TN 37070-1064	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	SCHNEIDER NATIONAL FOUNDATION, INC. PO BOX 2545 GREEN BAY, WI 54306	\$ <u>15,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	BROWN COUNTY UNITED WAY PO BOX 1593 GREEN BAY, WI 54305	\$ <u>55,811.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4_	WISCONSIN TECHNICAL COLLEGE SYSTEM P.O. BOX 7874 MADISON, WI 53707	\$ <u>73,315.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	GREATER GREEN BAY COMMUNITY FOUNDATION 320 N BROADWAY STREET, SUITE 260 GREEN BAY, WI 54303	\$ <u>58,809.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	GREEN BAY PACKERS FOUNDATION 1265 LOMBARDI AVENUE GREEN BAY, WI 54304	\$9,868.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
023452 11-25	D-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organiz	ation

Employer identification number

39-1383597

LITERACY GREEN BAY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> </u>	U.S. SMALL BUSINESS ADMINISTRATION 409 THIRD STREET SW WASHINGTON, DC 20416	\$42,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	MARTHA BROWN 935 N 31ST ST MILWAUKEE, WI 53208	\$12,840.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC 4455 W LAWRENCE ST APPLETON, WI 54914	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Page 3

Employer identification number

39-1383597

LITERACY GREEN BAY, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

25

08010318 131839 226-600574

Page 4

ame of orga	nization		Employer identification numbe
ITERAC	Y GREEN BAY, INC.		39-1383597
Part III		tions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$
a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_			
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID ± 4	Relationship of transferor to transferee
	Transferce 3 name, address, a		netationship of a disserver to a disserve
_			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	()	(0) 000 01 g.11	(,
-			
		(e) Transfer of gift	
		(c) Handler of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
_			
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			

08010318 131839 226-600574

SC	HEDULE D	Supplement	al Financial Statements	:	-	OMB No. 1545-0047		
	n 990)		anization answered "Yes" on Form 990,	•		20	20	
	1 3 3 0)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.		LU		_
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation		Inspect	o Public	
-	e of the organization				Employer	identificatio		er
num	e er trie er gumzati	LITERACY GREEN BAY	INC.			9-13835		01
Par	t I Organiza	ations Maintaining Donor Advise		or Acc				—
		n answered "Yes" on Form 990, Part IV, lin				•		
	0	, , ,	(a) Donor advised funds	(b) Funds and	d other accou	unts	
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						—
5		on inform all donors and donor advisors in v		od funde				
5	-	on's property, subject to the organization's	-			Yes		No
6		on inform all grantees, donors, and donor a						NU
0	•	boses and not for the benefit of the donor o	0 0					
					-	Vee		
Par	impermissible prive	ation Easements. Complete if the org	conjection answered "Vee" on Form 000 F	Dort IV/ I		Yes		No
				ant iv, i				
1		servation easements held by the organization	· · · · · ·				_	
		of land for public use (for example, recrea	·				а	
		f natural habitat	Preservation of	a certifi	ed historic s	structure		
		n of open space						
2		through 2d if the organization held a qualif	ied conservation contribution in the form of	of a con:				
	day of the tax year				Held a	at the End of t	ne Tax Ye	ar
а	Total number of co	onservation easements		F	2a			
b	-			Г	2b			
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	L	2c			
d		vation easements included in (c) acquired a						
	listed in the Nation	nal Register		L	2d			
3		vation easements modified, transferred, rel			ation during	the tax		
	year 🕨							
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enf	orcement of the conservation easements it	holds?			Yes	1	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,					ear	
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion ease	ements durii	ng the year		
	▶\$					• •		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	ר)(4)(B)(i))			
)(4)(B)(ii)?				Yes		No
9		be how the organization reports conservation						
		d include, if applicable, the text of the footr	-			he		
		ounting for conservation easements.						
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Otl	her Si	milar Ass	ets.		
		f the organization answered "Yes" on Form						
1 a		elected, as permitted under FASB ASC 95		nd balar	nce sheet w	orks		_
14	•	easures, or other similar assets held for put	•					
		Part XIII the text of the footnote to its finar						
h	· •	elected, as permitted under FASB ASC 95			shoot works	of		
U	-							
		sures, or other similar assets held for public	exhibition, education, or research in furth	erance (or haning set	vice,		
	-	ng amounts relating to these items:			¢			
		ded on Form 990, Part VIII, line 1						—
~		ed in Form 990, Part X						
2	-	received or held works of art, historical tre		gain, pi	rovide			
		unts required to be reported under FASB A						
		on Form 990, Part VIII, line 1			► <u>\$</u>			
		Form 990, Part X			► \$			
	-	eduction Act Notice, see the Instructions	s for Form 990.		Scheo	dule D (Form	n 990) 20)20
032051	12-01-20							

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2020.05091 LITERACY GREEN BAY, INC. 226-6001

Sche		Y GREEN BAY						39-13			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, or	Other S	Similar	· Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that	make sigi	nificant u	ise of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Loai	n or exc	hange progra	ım					
b	Scholarly research	e	Othe	er							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations o	of art, histori	cal treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organizat	ion's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the org	anizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for cont	ributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	the organization an	swered "Yes	s" on Fo	rm 990, Part	IV, line 10)_				
		(a) Current year	(b) Prior		(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	225,997.	18	8,825.	180	,448.	1	71,102.		150	,726.
b	Contributions	16,141.	5	4,668.	3	8,975.		1,845.		2	,730.
с	Net investment earnings, gains, and losses	58,387.	-'	7,351.	5	5,852.		8,939.		18	,939.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			8,283.							
f	Administrative expenses	2,079.		1,862.	1	.,450.		1,438.		1	293.
g	End of year balance	298,446.	22	5,997.	188	8,825.	1	80,448.		171	,102.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, co	lumn (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%								
b	Permanent endowment $\blacktriangleright 54.4577$	%									
с	Term endowment ► 45.5422 g	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	held ar	nd administer	ed for the	organiza	ition	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment funds	S.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	e 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Bool	k valu	ie
		basis (investn	nent)	basis	(other)	depr	reciation				
1a	Land										
	Buildings										
с	Leasehold improvements				4,042.		49,41				24.
	Equipment			9	4,299.		66,35	53.	21	7,9	46.
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X. column (E	<u>), line 1</u>	0c.)				92	2,5	70.
								Schedule	D (Form	n 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value BENEFICIAL INTEREST IN ASSETS HELD AT COMMUNITY (1) FOUNDATION 298,446. (2) (3) (4) (5) (6) (7) (8) (9) 298,446. ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes 50,177 **REFUNDABLE ADVANCE** (2)(3) (4) (5) (6) (7)(8) (9) 50,177. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

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

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 LITERACY GREEN BAY, INC	•		39-1	383597	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	evenue per Ret	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	561	,287.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	45,092.			
b	Donated services and use of facilities	2b	250.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		5,674.			
е	Add lines 2a through 2d			2e		,016.
3	Subtract line 2e from line 1			3	510	,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,079.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	2	<u>,079.</u> ,350.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	512	<u>,350.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total expenses and losses per audited financial statements			1	417	,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	250.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)		5,674.			
е	Add lines 2a through 2d			2e		<u>,924.</u>
3	Subtract line 2e from line 1			3	411	,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,079.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	2	<u>,079.</u> ,401.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		5	413	,401.
Pa	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b a	nd 2b; Part V, line 4	Part X,	line 2; Part X	I, <u> </u>
lines	2d and 4b: and Part XII. lines 2d and 4b. Also complete this part to provide a	nv additional inform	ation.			

PART V, LINE 4:

THE	AMOUNT	OF	THE	ENDOWMENT	FUND	PERMANENTLY	RESTRICTED	BY	DONORS	WILL	BE

LEFT INTACT IN PERPETUITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUES

5,674.

5,674.

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LITERACY GREEN BAY, INC.

Continued	
	Schedule D (Form 990) 2020

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990 or 990-EZ)	or if the	2020								
Department of the Treasury		Open to Public								
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	Inspection Inspection number		
Name of the organization Employee LITERACY GREEN BAY, INC. 39–13								597		
	ing Activities. complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
HA For Paparwork P	eduction Act Not	ce, see the Instructions for Form 9	90	aan F	7 0	Scho	dule C (Earm (990 or 990-EZ) 2020		
	Sauction ACLINOLI		50 01	550-E	. _ . ``	June		55 01 550-EZJ 2020		

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Schedule G (Form 990 or 990 EZ) 2020 LITERACY GREEN BAY, 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 gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL			(add col. (a) through
			BREAKFAST	GOLF OUTING	1	col. (c)
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	37,154.	11,650.	14,111.	62,915
	2	Less: Contributions	35,100.	1,900.	8,611.	45,611
	3	Gross income (line 1 minus line 2)	2,054.	9,750.	5,500.	17,304
	4	Cash prizes	1,500.	50.	200.	1,750
	5	Noncash prizes	1,104.			1,104
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	81.			81
히	8	Entertainment				
	9	Other direct expenses		410.	1,684.	2,740
	10	Direct expense summary. Add lines 4 through		•		5,675
	11					11,629
D						col. (a) through col. (c
e r	4					
	1	Gross revenue				
	1 2 3	Cash prizes				
Direct Expenses Hevenue	3	Cash prizes				
	3	Cash prizes Noncash prizes Rent/facility costs	 Yes% No	Yes%	☐ Yes %	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No h 5 in column (d)	No	<u>No</u> No	
	3 4 5 7 8	Cash prizes	n 5 in column (d)	No	<u>No</u> No	
	3 4 5 6 7 8 En ⁻¹ Is t	Cash prizes	No N	No	No►	Yes N
	3 4 5 6 7 8 En ⁻¹ Is t	Cash prizes	No N	No	No►	Yes N
	3 4 5 7 8 Is t If " 	Cash prizes	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
a b a	3 4 5 7 8 Is t If " 	Cash prizes	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	

Schedule G (Form 990 or 990-EZ) 2020 LITERACY GREEN BAY, INC.	39-1383597 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit to administer charitable gaming?	ity formed
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events book	ks and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	evenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ins or spent in the
organization's own exempt activities during the tax year s s Supplemental Information. Provide the explanations required by Part I, line 2b, column	on (iii) and (ii); and Dart III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	is (iii) and (v), and Part III, lines 9, 90, 100,
032083 11-25-20	Schedule G (Form 990 or 990-EZ) 2020
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Continuea)	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



39-1383597

LITERACY GREEN BAY, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CLASSES. CLASS STUDENTS ARE REASSESSED AT THE END OF EVERY SEMESTER TO

MEASURE GAINS AND GOALS ACHIEVED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CITIZENSHIP PREPARATION, OBJECTIVE: LEARNERS SEEKING TO EARN

CITIZENSHIP BY WORKING WITH A TRAINED TUTOR TO PREPARE FOR THEIR

CITIZENSHIP INTERVIEW AND EXAM. WORKFORCE DEVELOPMENT: THIS IS A

FEE-FOR-SERVICE PROGRAM OFFERING ELL CLASSES IN THE WORKPLACE.

OBJECTIVE: TO PROVIDE CUSTOMIZED WORKPLACE ELL PROGRAMMING FOR

EMPLOYEES AT COMPANY SITES UTILIZING CURRICULUM CUSTOMIZED TO THE

EMPLOYEES' NEEDS AND EMPHASIZING SPEAKING, LISTENING, AND CRITICAL

THINKING.

EXPENSES \$ 18,631. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE TREASURER AND EXECUTIVE DIRECTOR REVIEW THE FORM 990 AND PRESENT IT TO

THE BOARD OF DIRECTORS, WHO APPROVE THE FORM 990 BEFORE IT IS FILED.

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

COMPLIANCE IS MONITORED ANNUALLY BY THE BOARD OF DIRECTORS, AS WELL AS

DURING ANNUAL EMPLOYEE REVIEWS. ALL BOARD MEMBERS AND EMPLOYEES SIGN THE

POLICY ANNUALLY.

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

THE EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION, WHICH IS REVIEWED BY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization LITERACY GREEN BAY, INC.	Page 2 Employer identification number 39-1383597
THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE GO	
COMMITTEE INTERVIEWS STAFF TO GATHER INFORMATION ABOUT THE	
DIRECTOR'S PERFORMANCE. THE GOVERNANCE COMMITTEE RECOMMEND	S A MERIT
INCREASE THAT REQUIRES APPROVAL FROM THE BOARD OF DIRECTOR	S. THE PRESIDENT
AND GOVERNANCE COMMITTEE CHAIR PERFORM A PERFORMANCE REVIE	W WITH THE
EXECUTIVE DIRECTOR, WHICH IS DOCUMENTED IN THE EXECUTIVE D	IRECTOR'S
PERSONNEL FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC WHEN REQUES	TED.