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DLN: 93492161004225

OMB No 1545-1150

# Form 990-EZ

**Short Form** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Depart	ment of t	the Treasuty		Inc	pection			
MATERIAL PROPERTY.		ue Service			poccion			
		e 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014						
MONRAGE		change C Name of organization C Name of organization ROWAN COUNTY LITERACY COUNCIL INC	D Employe	r identi	fication number			
greener	59-17471	-1747169						
Systems	ame ch ubal rei	manuel and street (or i o box), it man is not delivered to street address/incom/state	E Telephone	numbe	r			
Person.	ntiai rei inal	tum 1 0 box 33						
0 0	mai n/termi	inated City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mnhon				
FA	mende	d return SALISBURY, NC 28145	Number	<b>&gt;</b>				
T A	pplicati	ion pending						
			_					
GAG	coun	iting Method Cash Accrual Other (specify) required t	o attach S					
		(Form 99)	0,990-EZ					
		npt status(check only one) - 501(c)(3) 501(c)( ) 4(insert no ) 4947(a)(1) or 527						
-								
		forganization Corporation Trust Association Other es 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if	total accel	te (Dar	t II. column			
		are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$ 91,	389,				
Pa	art I		tructions !	or Part	:1)			
	1	Check if the organization used Schedule O to respond to any question in this Part I $\dots$			٧			
	1	Contributions, gifts, grants, and similar amounts received		1	84,290			
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments	[	3				
	4	Investment income		4	5,517			
	5a	Gross amount from sale of assets other than inventory	-	-				
čb -	h							
	Б			_				
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
ď	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)						
	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the						
		sum of such gross income and contributions exceeds \$15,000) 6b		- Carlos				
	C	Less direct expenses from gaming and fundraising events 6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d				
	7a	Gross sales of inventory, less returns and allowances		$\top$				
	b	Less cost of goods sold						
	-	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	C		· ·		1,582			
	8	Other revenue (describe in Schedule O)		8				
-	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	91,389			
	10	Grants and similar amounts paid (list in Schedule O)	-	10				
	11	Benefits paid to or for members		11				
	12	Salaries, other compensation, and employee benefits		12	53,698			
a.	13	Professional fees and other payments to independent contractors		13	3,900			
=	14	Occupancy, rent, utilities, and maintenance		14				
Expenses	15	Printing, publications, postage, and shipping		15	1,097			
neted	16	Other expenses (describe in Schedule O)		16	15,980			
	17	Total expenses. Add lines 10 through 16	_	17	74,675			
WARRANT AND A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,714			
5		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		10	10,714			
NetAssets	19	end-of-year figure reported on prior year's return)		19	191,552			
9	20			_	272,032			
-	20	Other changes in net assets or fund balances (explain in Schedule O)		20	202 225			
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	208,266			

Form 990-EZ (2014)					Page 2
Part II Balance Sheets (see the in Check if the organization used		any question in this Pa	rt II		স
		[ (4)			
22 Cash, savings, and investments		(A)	Beginning of year	22	(B) End of year
23 Land and buildings			117,522	23	134,059
TOTAL STATE OF THE			75 227	+	77 70+
24 Other assets (describe in Schedule O)			75,237	-	77,701
25 Total assets	*****		192,759	1-1	211,760
26 Total liabilities (describe in Schedule C			1,207	-	3,494
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21)	191,552	27	208,266
Part III Statement of Program S Check if the organization used				(0.0	Expenses equired for section 501
What is the organization's primary exempt p		any question in this Pa	.,	(c)	(3) and 501(c)(4) anizations, optional for
TEACHING ADULTS TO READ				oth	ers )
Describe the organization's program service measured by expenses. In a clear and cond					
benefited, and other relevant information for					
28 PROVIDED TUTORING TO UNDER-ED A SECOND LANGUAGE AND INCREASED				and the same of th	
(Grants \$ ) If this	s amount includes foreign	grants, check here .	> _	28a	50,989
29			2		
					15
	s amount includes foreign	grants, check here .	> _	29a	
30					
(Grants \$ ) If the	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sci (Grants \$ ) If this	nedule O) s amount includes foreign	grants check here	▶┌	31a	
32 Total program service expenses (add line				32	50,989
Part IV List of Officers, Directors, Trus Check if the organization used	stees, and Key Employees	(list each one even if not co	mpensated — see the in		ons for Part IV)
	1	1	1		I.
(a) Name and title	(b) A verage hours per week	(c)Reportable compensation	(d) Health bene		(e) Estimated amoun
	devoted to position	(Forms W-2/1099-	employee benefit		
		MISC) (if not paid, enter-0-)	and deferred		
			Compensacion		
See Additional Data Table					
			1		
					-
			1		

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		.Г_		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a		.			
b	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
	Section 501(c)(7) organizations Enter					
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities					
408	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ., section 4915 ., section 4955					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed NC					
42a	The organization's books are in care of ▶ DAISY BOYD Telephone no			3042		
	Located at 201 W FISHER STREET SALISBURY, NC ZIP + 4		3144			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No		
	If "Yes," enter the name of the foreign country					
		Quantum Property				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Γ		
	Name and a second		Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	000				
AEA	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		No		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-TJQ		1110		
-,50	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ					T	V	Page 4
						Yes	No
	organization engage, directly tes for public office? If "Yes,"			ehalf of or in opposition to	46		No
	Section 501(c)(3) orga All section 501(c)(3) organ		questions 47-49b an	d 52, and complete the	tables	for lir	nes 50
	and 51 Check if the organization used	Schedule O to respond to	o any guestion in this P	art VI			Г
					<del>' ' ' '</del>	Yes	No
	organization engage in lobbyir " complete Schedule C, Part I		tion 501(h) election in		. 47		No
3 Is the o	rganization a school as descri	ibed in section 170(b)(1)(	A )(II)? If "Yes " comple	te Schedule F	48		No
				A Section Control of the Control of	49a		No
	organization make any transfe				49b		
	" was the related organization						
	te this table for the organizations) who each received more t						
	and title of each employee	(b) A verage	(c) Reportable	(d) Health benefits.	(e) Est		amour
	o le	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employee benefit plans, and deferred	of other		
				compensation			
DNE							
NOTION OF THE PROPERTY OF THE							
			-				
				:		***************************************	***************************************
				-			***
			1	1	<u> </u>		
f Total i	number of other employees pa	aid over \$100,000			-		
1 Comple	te this table for the organizati	on's five highest compens	sated independent conti	ractors who each received	more tha	an \$10	0,000
ofcomp	ensation from the organizatio				T		
	(a) Name and business addre	ess of each independent c	ontractor	(b) Type of service	(c) C	ompen	sation
ONE			ë				
					<del>                                     </del>	**********	-
					<u> </u>		
d Total	number of other independent	contractors each receive	0 over \$100 000				
	he organization complete Sch				-		
	oleted Schedule A				. 🏲	₹ Ye	s [ N
1 7:27 80351					60 372 WS		
	es of perjury, I declare that I have d belief, it is true, correct, and c						
	*****	об и не достой настоя в в настроит в достой в на потомой и водите об общенност у учения для достой настрои в в Настроит		2015-06-02		<del>(                                    </del>	***************************************
ign	Signature of officer			Date	*************	***************************************	-
lere	VANCE MEEK TREASURER					***************************************	-
	Type or print name and title	I Benene de const	To To	te Check t PTIN			-
	Print/Type preparer's name BRENT H PARKS	Preparer's signatu		TO TO THE CHECK I	77310		
Paid	Without It I william	and the second s		15-06-10 self-employed P003	,,,,,,		Harris and the second

Software ID: Software Version:

EIN: 59-1747169

Name: ROWAN COUNTY LITERACY COUNCIL INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
MELODY MOXLEY VICE PRESIDE	000 00	0		
VANCE MEEK TREASURER	000 00	0		
CAROLYN MYERS SECRETARY	000 00	0		
PHYLLIS MARTIN PRESIDENT	000 00	0		
CLYDE HARRISS DIRECTOR	000 00	0		
NAN LUND DIRECTOR	000 00	0		
ERIC NIANOURIS DIRECTOR	000 00	0		
GARY RASH DIRECTOR	000 00	0		
PAT STELLUTE DIRECTOR	000 00	. 0		
RICKTRAVIS DIRECTOR	000 00	0		
HELEN PEACOCK DIRECTOR	000 00	0		
GARY CONNOR DIRECTOR	000 00	0		
WEN YE DIRECTOR	000 00	0		

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ROWAN COUNTY LITERACY COUNCIL INC Employer identification number

							59-1747169			
Par	tΙ	Reason for Public	Charity S	tatus (All organiza	tions must co	mplete this p	part.) See instructio	ns.		
The o	rganiz	zation is not a private fo	undation beca	use it is (For lines 1	through 11, ch	eck only one b	ox)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in	section 170(b)	)(1)(A)(ii). (Attach So	chedule E )					
3	Γ	A hospital or a coopera	ative hospital	service organization d	escribed in sec	tion 170(b)(1)	(A)(iii).			
4		A medical research or		rated in conjunction w	ith a hospital d	lescribed in sec	ction 170(b)(1)(A)(iii	). Enter the		
=	_	hospital's name, city, a		-6+ -6 N						
5	,	An organization operat		THE SAME SHOPE THE PROPERTY AND SHOPEN	versity owned c	or operated by	a governmental unit de	escribed in		
6	_	section 170(b)(1)(A)(			d	470(b)(c	13/43/-3			
7	V	A federal, state, or loc						and and an inter-		
8		An organization that no described in <b>section 1</b> 7 A community trust des	70(b)(1)(A)(v	i). (Complete Part II	)		ental unit or from the g	eneral public		
9		An organization that no					butions, membership t	fees, and gross		
		receipts from activities					And the second s			
		its support from gross			MADE STATE OF THE	· 10-00-00-00-00-00-00-00-00-00-00-00-00-0				
		acquired by the organi								
10	Г	An organization organi		management forms and finding amount			Access to the second se			
11		An organization organi						ut the purposes of		
		one or more publicly s	upported orga	nizations described in	section 509(a	)(1) or section	509(a)(2) See section	n 509(a)(3). Check		
	_	the box in lines 11a th								
а	1	Type I. A supporting o supported organization								
		organization You must				ty of the unect	or trustees of the	supporting		
b	Γ	Type II. A supporting	organization s	upervised or controlle	d in connection					
		management of the su			same persons t	hat control or	manage the supported	organization(s) You		
_	_	must complete Part I\ Type III functionally i	Algeria de la company de la co		n anaratad in a	annaction with	and functionally into	aratad usthate		
-	,	supported organization						graced with, its		
d	Г	Type III non-function						janization(s) that is		
		not functionally integra					ement and an attentiv	eness requirement		
		(see instructions) You Check this box if the o			1970		ic a Type I Type II T	una III functionally		
-	,	integrated, or Type III					is a type t, type tt, t	ype III functionally		
f		Enter the number of su			100					
g		Provide the following is	nformation abo	out the supported orga	inization(s)					
***********										
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the or		(v) Amount of	(vi) Amount of		
		organization		organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)		
	1-9 above or IRC							instructions/		
				section (see						
				instructions))		Π	1			
-					Yes	No				
Tota	1	TO STATE OF THE ST	A CONTRACTOR OF THE STREET							

instructions

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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) Gifts, grants, contributions, and membership fees received (Do not 68,650 75,866 76,397 88,844 84,290 394,047 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 68,650 75,866 76,397 88,844 84,290 394,047 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 Public support. Subtract line 5 from 394,047 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) > 68,650 75,866 Amounts from line 4 76,397 88.844 84,290 394,047 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,138 8,731 11,094 5,517 29,480 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support Add lines 7 through 11 423,527 10 12 Gross receipts from related activities, etc (see instructions) 1,582 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) . Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 93 040 % Public support percentage for 2013 Schedule A, Part II, line 14 15 93 540 %

16a	33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	s
	box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14	
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	
	organization	
b	10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
	cupported organization	No.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		~	·	-	_	
Caler	ndar year (or fiscal year beginning in) >	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		1				1
1	membership fees received (Do not						
	include any "unusual grants")					1	
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
2	purpose		<del> </del>	-		<del> </del>	
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513	33					
4	Tax revenues levied for the						
	organization'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 Amounts included on lines 1, 2,					-	~_
Id	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						and the same of th
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the	re-					
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	The state of the s					
Se	ction B. Total Support	1		1			
	ndar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	in) 🏲	(4) 2010	(5) 2011	(0)2012	(0) 2013	(6) 2017	(1) 10(0)
9	Amounts from line 6				<del> </del>	<b> </b>	-
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
b	Unrelated business taxable					<del> </del>	
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b  Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
4.5	business is regularly carried on	iss and the constitution of the constitution o	A STATE OF THE STA			<u> </u>	
12	Other income Do not include gain or loss from the sale of			- Special Control of the Control of			-
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)			Programma			
14	First five years. If the Form 990 is f	or the organizat	ion's first, second	d, third, fourth, or	fifth tax year as	a section 501(	c)(3) organization,
****	check this box and stop here						PL
N/NA ELIZINGSHILLING	ction C. Computation of Publ						
15	Public support percentage for 2014			: 13, column (f))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inve						· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2	1014 (line 10c,	column (f) divided	by line 13, colui	mn (f))	17	
18	Investment income percentage from	2013 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests-2014. If the						
	more than 33 1/3%, check this box						2.3 1/20% and line
b	33 1/3% support tests—2013. If the 18 is not more than 33 1/3%, check						
20							

Part IV Supporting Organizations

**b** A family member of a person described in (a) above?

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3b		
С	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.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
Ł	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
ŧ	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).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
e	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11b

11c

iche	dule A (Form 990 or 990-EZ) 2014			Page
Par	t IV Supporting Organizations (continued)	uninepropries worker		
Se	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Se	ection D. All Type III Supporting Organizations			
3			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations	***************************************		
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 (a) constitute activities that, but for the organization's involvement, one or more 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 (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? 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.

-	2a	
Deliberation of the particular and the particular a	2b	
The same of the sa	3a	
-	3b	

gross income or for management, conservation, or maintenance of property

held for production of income (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Other expenses (see instructions)

Pai	Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1 Type	Check here if the organization satisfied the Integral Part Test as a qualifying t III non-functionally integrated supporting organizations must complete Section	rust on N s A thro	Nov 20,1970 <b>See ins</b> ugh E	tructions. All other				
	Section 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						
	Portion of operating expenses paid or incurred for production or collection of							

6

7

	Section B - Minimum Asset Amount		(A) Pnor 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)	1	enther the control of the state		
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
ď	Total (add lines 1a, 1b, and 1c)	1d			
e	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 1 d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			

Section C -	Distributable	Amount
-------------	---------------	--------

- Adjusted net income for prior year (from Section A, line 8, Column A)
- Enter 85% of line 1
- Minimum asset amount for prior year (from Section B, line 8, Column A)
- Enter greater of line 2 or line 3
- Income tax imposed in prior year
- Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Se	ction D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		A	
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 33 and 4c		-	
8 Breakdown of line 7			
a From 2010			
<b>b</b> From 2011			
c From 2012			
d From 2013			
e From 2014			

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).
	Facts And Circumstances Test

Return Reference	Explanation	

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492161004225

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ROWAN COUNTY LITERACY COUNCIL INC	Employer identification number
	59-1747169

### 990 Schedule O, Supplemental Information

Return Reference	Explanation				
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS INCOME 1,582 TOTAL 1,582				
FORM 990-EZ, PART I, LINE 16	EXPENSES EQUIPMENT MAINTENANCE 1,461 SUPPLIES 2,286 TELEPHONE 93 TRAVEL 293 MEETINGS 644 D IRECTORS & OFFICERS 785 GENERAL LIABILITY 676 FUNDRAISING 2,729 INVESTMENT FEES 813 MISCEL LANEOUS 591 ORGANIZATIONAL DUES 662 PROGRAM SUPPLIES 2,758 PROFESSIONAL FEES 1,050 NON-INVESTMENT DEPRECIATION 1,139 TOTAL 15,980				
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 50,491 50,491 LESS ACCUMULATED DEPRECIATION 47,056 48,193 BEN INTEREST IN ASSETS HELD BY OTHER 71,802 75,403 TOTAL 75,237 77,701				
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAY ABLE AND ACCRUED EXPENSES 1,207 3,494				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492161004225

OMB No 1545-0172

Department of the Treasury

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

itemal	Revenue Service (99)		P Attach t	o your tax retur	11.			
		Information abo	out Form 4562 and its sep	parate instruction	s is at <u>www.ir</u> s	s.gov/form456	2.	Attachment Sequence No 179
Vam	e(s) shown on return		Business	or activity to which	this form relates		Ide	entifying number
	OWAN COUNTY LITERACY COUNCIL INC INDIRECT DEPRECIATION				yr v			
	AY Elemin	X- F		-d	170	~	59	-1747169
Ра			ertain Property Ur sted property, comple			nlete Part I		
1			· · · · · · · ·				1	500,000
	200 St. Common C	CONTRACTOR	aced in service (see ins			-	2	
3		100 10 2.75	ty before reduction in lir			ŀ	3	2,000,000
		201 10				1		2,000,000
4			3 from line 2 If zero or l			1	4	
5		THE RESERVE STATE OF THE PARTY	t line 4 from line 1 If ze			- 1	-	
	separately, see ins	tructions	* * * * * * * * *			1	5	
				(b) Cost (bu	isiness use			
6	(a	) Description of pr	operty	onl		(c) Elected c	ost	
******								
	-					*******		
7	Listed property Er	iter the amount fro	m line 29		. 7	·		
8	Total elected cost	of section 179 pro	perty Add amounts in c	olumn (c), lines	6 and 7 •		8	
9	Tentative deductio	n Enter the <b>small</b> e	er of line 5 or line 8 · ·			[	9	
10	Carryover of disalle	owed deduction fro	m line 13 of your 2013	Form 4562 •		[	10	
11	Business income li	mitation Enter the	smaller of business inc	ome (not less th	ian zero) or lin	e 5 (see		
	instructions) .						11	
12	Section 179 expen	se deduction Add	lines 9 and 10, but do i	not enter more th	an line 11	[	12	
13 (	arryover of disallow	ed deduction to 2	015 Add lines 9 and 10	less line 12	. 13	***************************************		
Not	e: Do not use Par	t II or Part III b	elow for listed prope	rty. Instead, u	se Part V.			
Pai	t III Special I	Depreciation A	llowance and Othe	r Depreciati	on (Do not	include listed p	roper	ty ) (See instructions )
14	Special depreciation	on allowance for qu	alified property (other th	nan listed proper	ty) placed in s	ervice during		
	the tax year (see II	nstructions) • •					14	
15	Property subject to	section 168(f)(1	election · ·				15	
16	O ther depreciation	(including ACRS)					16	966
Par	MACRS D	epreciation (I	Oo not include listed	in ly a territoria de la regionne est en minima est a ginna est a generalment, en cida est tam	e instruction	ns.)	~~~	
daman miningan in				ection A				T
17			in service in tax years				17	172
18			ts placed in service dur	ing the tax year i	nto one or mo	guesser .		
	asset accounts, ch					, <b>⊳</b> l	<u> </u>	
	Section B-As	sets Placed in	Service During 20	14 Tax Year	Using the	General Dep	reci	ation System
		(b) Month and	(c) Basis for depreciation					
(	a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convent	ion (f) Meth	od	(g)Depreciation
	property	service	use	period				deduction
			only—see instructions	)				1
-	3-year property						***********	
ARPOINGMAN	5-year property 7-year property				1		***************************************	
-	10-year property				1	_		
-	15-year property				1			
	20-year property				1			
Minimization	25-year property			25 yrs		S/L		
	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
i	Vonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Sec	tion C-Assets Pla	ced in Service During 20	14 Tax Year Usin	g the Alterna	tive Depreciation	on Sys	stem
-	Class life					S/L		
-	12-year			12 yrs		S/L		
<b>COLUMN STATE</b>	40-year		L	40 yrs	MM	S/L		1
		ary (see instruc					24	
	Listed property Ent						21	
22			14 through 17, lines 19					
-		5 N. S.	your return Partnership			ructions · ·	22	1,138
23			service during the curre tion 263A costs .	inc year, enter th	e 23			

(i)

(f)

No

Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (b) Business (d) Basis for depreciation Type of property (list Date placed in Elected Cost or other investment Method/ Depreciation/ Recover (business/investment section 179 vehicles first) service use basis penod Convention deduction use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 0/2 27 Property used 50% or less in a qualified business use S/L S/L % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 . . . 34 Was the vehicle available for personal use No Yes No Yes Yes Yes Yes Yes during off-duty hours? . . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your

No Yes employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) .

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	<b>(c)</b> A mortizable amount	(d) Code section	A morti perio perce	zation	(f) A mortization for this year
42 Amortization of costs that be	egins during your 20	14 tax year (see instruct	ions)			
				-		
43 Amortization of costs that be	egan before your 20:	14 tax year			43	
44 Total. Add amounts in colum	nn (f) See the instruc	ctions for where to report			44	