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.

2021

635,854

557,358

Form 990 (2021)

17/14/2022

<u>78,496</u>

604,800

515,924

88,876

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 C Name of organization D Employer identification number Check if applicable: LITERACY CENTER OF WEST MICHIGAN Address change 38-2725232 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 1120 MONROE AVE NW SUITE 240 616-459-5151 Initial return Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS MI 49503 1,510,783 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending WENDY FALB H(b) Are all subordinates included? 1120 MONROE AVE NW, STE 240 If "No." attach a list. See instructions GRAND RAPIDS **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: WWW.LITERACYCENTERWM.ORG H(c) Group exemption number Website: L Year of formation: 1987 Form of organization: X Corporation Trust Association Other M State of legal domicile: MI Summary 1 Briefly describe the organization's mission or most significant activities: THE LITERACY CENTER OF WEST MICHIGAN IS COMMITTED TO BRINGING ABOUT A JUST Governance AND VIBRANT WEST MICHIGAN THROUGH THE POWER OF LITERACY. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 47 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 1,199,708 1,205,561 8 Contributions and grants (Part VIII, line 1h) <u>25,73</u>5 160,287 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,553 4,083 100,720 105,444 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 337,440 1,470,651 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 987,819 1,098,191 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 154,970 17 Other expenses (Part iX, column (A), lines 11a-11d, 11f-24e) 284,899 312,971 18 Total expenses: Add lines 13–17 (must equal Part IX, column (A), line 25) 1,272,718 1,411,162 64,722 59,489 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year

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.

20 Total assets (Part X, line 16)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Alatical

For Paperwork Reduction Act Notice, see the separate instructions.

21 Total liabilities (Part X, line 26)

Sign	Signatur	e of offic								Date	7	1 -		
Here	₩ E	NDY	FALB				EXECUTIV	E DJ	REC	TOR				
	Type or	print nan	ne and title											
	Print/Type prepa	rer's nat	me		Prepa	rer's signature		Date		Check	if P	TIN		
Paid	JOHN P. RO	SEND	ALL		ЈОНИ	P. ROSENDALL		12/0	6/22	self-emp!	oyed F	2006624	143	
Preparer	Firm's name	•	MEYAARD	TOLMA	3 K	VENLET P.C.			Firm's E	IN 🕨	38-	-2598	319	3
Use Only			P.O. BOX	320										
	Firm's address	>	ZEELAND,	MI	494	64			Phone n	10.	<u> 616-</u>	-772-	<u>-19</u>	0:
May the IF	RS discuss this	s retur	n with the prepar	er shown a	bove?	See instructions						Yes	\square	οV

orm 990 (2021) LITERACY CENTER OF WEST MICHIGA	AN 38-2725232	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to	any line in this Part III	<u></u>
1 Briefly describe the organization's mission:		
THE LITERACY CENTER WORKS WITH ADULTS,		
LEARNERS, WHO READ BELOW A 9TH GRADE I		E LITERACY.
765 ADULTS WERE SERVED IN THE YEAR END	DED JUNE 30, 2022.	
2 Did the organization undertake any significant program services during the	year which were not listed on the	
	year which were not instead on the	Yes X No
If "Yes," describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in how	it conducts, any program	
	• • •	Yes X No
If "Yes," describe these changes on Schedule O.		[103 [22 140
Describe the organization's program service accomplishments for each of it	te three largest program services, as measured	hv
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to rep		
the total expenses, and revenue, if any, for each program service reported.		, , , , , , , , , , , , , , , , , , ,
the total expenses, and revenue, if any, for each program service reported.		
la (Code:) (Expenses \$ 1,007,223 including grants	of\$) (Revenue \$	<u> </u>
THE LITERACY CENTER OF WEST MICHIGAN I		OF OUR
	LITY, AND THEIR LEARNIN	
OFFER MULTIPLE WAYS IN WHICH LEARNERS		
INCLUDING ONE-ON-ONE TUTORING, WORK-RE		
AND LITERACY PROGRAMMING DESIGNED FOR		
THE BELIEF THAT WEST MICHIGAN WILL THE	RIVE ONLY WHEN WE CAN AC	CESS THE
ASSETS OF ALL OUR COMMUNITY MEMBERS.		
		·
	,	
b (Code:) (Expenses \$ including grants	of\$) (Revenue \$.)
VOLUNTEERS DRIVE MUCH OF THE ADULT TUT		ACY CENTER.
VOLUNTEER TUTORS WORK ONE-ON-ONE WITH	* * * * * * * * * * * * * * * * * * *	O HOURS PER
WEEK. IN THE YEAR ENDED JUNE 30, 2022		
DONATED APPROXIMATELY 8,909 HOURS, AN		
	. 	.#
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***************************************	• • • • • • • • • • • • • • • • • • • •	

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		· · · · · · · · · · · · · · · · · · ·
c (Code:) (Expenses \$ including grants		· <u>······</u>)
THE LITERACY CENTER CONTINUES TO WORK	TO EXPAND ITS CAPACITY	AND BUILD
GREATER AWARENESS IN THE COMMUNITY. C	OUR EFFORTS ARE DESIGNED	TO MAKE WES
MICHIGAN A REGION KNOWN FOR HAVING ONE	E OF THE HIGHEST LITERAC	Y RATES IN T
NATION. WE HAVE MADE SIGNIFICANT STRI	DES DRAWING SOCIAL CAPI	TAL TO OUR
MISSION, SERVING MORE LEARNERS THROUGH	GREATER OUTREACH, AND	CREATING
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STAFF AND VOLUNTEERS.	
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·,	.,,,	.,,,
•		
d Other program services (Describe on Schedule O.)		
(Expenses \$ including grants of\$) (Revenue \$)
4e Total program service expenses ▶ 1,007,223		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I \mathbf{x} 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 X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," \mathbf{x} complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II \mathbf{x} 18 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 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

50/4/2/6	and V Checklist of Required Schedules (Communed)			NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	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			l
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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			į
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		v
	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%	26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		х
00	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	1999	5.0%	70//20
28	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		1 (1) 1 (1)	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ti kanangwa	JE276. 164	
a	"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
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	:	x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	┢
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	x	
26	19? Note: All Form 990 filers are required to complete Schedule O.	36	<u> </u>	<u>. </u>
49	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>,,,,,,</u>	Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10170	272	1200
b	Enter the number of office very state of the			
С	reportable gaming (gambling) witnings to prize winners?	1c	X	gp:885+36
DAA				0 (2021

Form	990 (2021) LITERACY CENTER OF WEST MICHIGAN 38-2725				P	age 5
	ntV Statements Regarding Other IRS Filings and Tax Compliance (con	tinue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1772		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	47	_ %%&	85.33	5.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r		?	2b	X	T ASSAULT DE
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruct	tions.		17800		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheol			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other signature or other signature.		· ·	1.1		3.7
	a financial account in a foreign country (such as a bank account, securities account, or other financial	icial a	ocount)?	4a	3874702	X
Ð	If "Yes," enter the name of the foreign country			1000		
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		counts (FBAR).	119037	V0.49	X
5a k	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trar If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	isactic	итт	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	d the		30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	u tile		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions	or	Ua.		**
	nifts were not tay deductible?	unone	, 01	6b		
7	Organizations that may receive deductible contributions under section 170(c).		***************************************		199 (P)	300
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for an	ods	0.0		
-	and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was	***************************************			
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontrac	ł?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form	8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga			7h	-22-01-01-12	50.000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	ained	by the	被急	201	
_	sponsoring organization have excess business holdings at any time during the year?			8	J26210 F.J	13733 B.V.
9	Sponsoring organizations maintaining donor advised funds.			18:47	14.14	37,756
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		├──
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	• • • • • •		9b	19460	48853
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			11/13	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	11.			192.65
11	Section 501(c)(12) organizations. Enter:	100				
	Crear income from march and an absorb added	11a			1000	
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11.0				
	against amounts due or received from them.)	11b		1000	11.00	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?	12a	. 12 5 - 5 2 - 5	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			物度	1900
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Mill.		11/1/2
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			100	94	19.66
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				17/1/2
C	Enter the amount of reserves on hand	13c	,	400	Toples,	B.M.
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 School			14b	 	—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	unera	tion or			==
	excess parachute payment(s) during the year?			15	1889722	X
4.5	If "Yes," see instructions and file Form 4720, Schedule N.		_	00000	13%	12/1/2
16	Is the organization an educational institution subject to the section 4968 excise tax on net investor.	nent ir	icome?	16	335000	X
47	If "Yes," complete Form 4720, Schedule O.	!		1999	159F	425E
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage			47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		***************************************	17	5.6	1988

Form 990 (2021) LITERACY CENTER OF WEST MICHIGAN 38-2725232 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

<u> </u>	toll A. Coverning body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	73.87.87	res	NO PER
ıa	If there are material differences in voting rights among members of the governing body, or	- <u>-</u> -		1 %		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			4/2	2.37	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			5 1.36 -
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>				
_	and at the sufficient diseases from the state of the supplements			2	,	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	• • • • • • • •	,			
•	supervision 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 990 was	filed?		4		X
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 appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		• • • • • • • • • • • • • • • • • • • •			
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e vear	by the follow	ving:	343	
a	The governing body?		•	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the			ue Co	ode.)	
					Yes	No
10a	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 chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<i></i> .		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing t	ne form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<i></i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise t	o conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?		111		
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1000	3/1/3/	
	with a taxable entity during the year?			16a	241.22.2	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			14/14	Marie .	364.
	organization's exempt status with respect to such arrangements?		<u> </u>	16b		<u></u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MI					. .
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (sec	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	fintere	st policy, and	i		
	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 books and	record	s 🕨			
L	AURIE EMELANDER 1120 MONROE AVE NW, STE 240					

616-459-5151

Form 990 (2021)

Form 990 (2)	21) LITERACY	CENTER	OF WEST	' MICHIGAN	38-27	25232	Page 7
Part VII	Compensation of	f Officers, [Directors,	Trustees, Key E	mployees,	Highest	Compensated Employees, and
	Independent Con	tractors					
	Check if Schedule	O contains	a respons	e or note to any l	line in this F	Part VII	<u>.</u>
Section A.	Officers, Directors, T	rustees, Key	Employees,	and Highest Compe	nsated Emplo	oyees	

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

Check this box if neither the org	, and a control of	1								
(A) Name and title	(B) Average hours per week	box offi	, unle cer ar	ss pei id a di	tion nore rson i	than o s both r/truste	ап :e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)WENDY FALB										
,	40.00									45.46
XECUTIVE DIRECTOR	0.00			X				111,933	0	17,16
2) JIM AYRES	2.00									
PRESIDENT	0.00	x		x				ol	0	
3)MICKI BENZ							_			
	1.00									
IRECTOR	0.00	X						0	0	
4) OMAR CUEVAS										
IRECTOR	1.00	X						o	0	
5) JEFF HEILMAN	0.00	1			-					
.,	1.00									
IRECTOR	0.00	X	<u> </u>		<u></u>			0	0	
(6) WIN IRWIN										
	1.00								0	
DIRECTOR (7) PATRICK LONERGA	0.00	X	┝	-	ļ			0	0	
(/) PAIRICK LONERGA	1.00									
DIRECTOR	0.00	X						o	0	
(8) DEIDRA MITCHELL										
	1.00								·	
IRECTOR	0.00	X		ļ		_		<u> </u>	0	
(9) TIM MONSMA	1 00									
DIRECTOR	1.00	×	1					0	О	
0) LEE MOYER	0.00	╁	╁┈	\vdash		\vdash		<u> </u>	0	
oparation from Elect	1.00				1			1		
DIRECTOR	0.00	X						0	0	
1)SHARRON PITTS										
	2.00								_	
VICE PRESIDENT	0.00	X	<u> </u>	X	1			0	0	Form 990 (2

DAA

Form **990** (2021)

Pá	rt V	III Stateme		Revenue	tains	a respo	onse or no	te to any line in	this Part VIII		
		Official	OCITO	duic O con	tanto	<u>a resp</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
世世	1a	Federated camp	naions		1a		70,000				
Gra Our	b	Membership due	es		1b						
Am's	c	Fundraising eve	ents		1c						
뜵齓	d	Related organiz	ations		1d						
gΞ		Government grants (co			1e		509,595				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	. gifts, grar ot include:	nts, diabove	1f		625,966				
불리	g	Noncash contributions lines 1a-1f			1g	\$	5,423				
돌	h	Total. Add lines						1,205,561			
<u> </u>		TOTAL FRANCISCO	, 14 11				Business Code			1000 P 100 P	Andrea and a second
ري	2a	WORKPLACE	ENGLI	SH AND OTH	ER		611600	160,287	160,287		
풀	b										
Program Service Revenue	c										
exe	d										
54	e										
亞	f	All other program									
		Total. Add lines						160,287			
\neg	3	Investment inco	me (inc	duding divider	nds, int	erest, an	d				
		other similar am	nounts)				. •	4,083	4,083		
	4	Income from inv	/estme				ds 🕨	,,			
	5	Royalties					>				
		-		(i) Real		(ii) F	Personal				
1	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
l	С	Rental inc. or (loss)	6c								
		Net rental incon	ne or (l	oss)							
	7a	Gross amount from sales of assets		(i) Securities	š	(fi) Other	i dikaratan kapatente bila. Maratan kapaten kepada			
		other than inventory	7a								
re	b	Less: cost or other								razaki, kara	200000000000000000000000000000000000000
ven		basis and sales exps.	7b								
Other Revenue	С	Gain or (loss)	7c			<u> </u>		trafication and the		1.20	
Æ	d	Net gain or (los	s)				>				
t	8a	Gross income from								(1600) (503) (404) (44)	
		(not including \$									
ļ		of contributions re	ported o	n line							
		1c). See Part IV, I	ine 18 🏢		8a		140,852		4.0000000000000000000000000000000000000	78,763 AVX (0.50),344	9084905 4075 4
		Less: direct exp			8b		40,132			1 30 1 30 1 30 1 1 1 1 1 1 1 1 1 1 1 1 1	dellaria en en en en en en en en
		Net income or (g even	ts	<u></u>	100,720		CONSTRUCTO CONSTRUCTORS	100,720
	9a	Gross income f	-	_						San	
		activities. See F			9a					30,000,000,000	3/10/2012 (0.50.3)
	1	Less: direct exp			9b	l		1999 A. C.	9400) 450000000 950000		
		Net income or (-	tivities	<u> </u>	<u></u>	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		400000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	10a	Gross sales of		•					200		340.50
		returns and allo			10a						Service Barrier
	1	Less: cost of go			10b			20201148 00146 78 656	<u> </u>		
		Net income or	(IOSS) fi	om sales of in	ventor	у <i></i>	Inuine Oct	 	I SMACO TO STATE OF THE STATE O		
Sinc							Business Code				
He C	11a	• • • • • • • • • • • • • • • • • • • •				· · · · · · · · ·	-				
≅ã	b	•									
Miscellaneous Revenite	°.	,									
Ξ		All other revenu						-	(0185) 31 (48) 83 (42) 400 (4	120 min 140 min 180 172 min	
_		Total. Add line						1,470,651	164,370	0	100,720
	12	Total revenue	. See II	istructions ,			<i>.</i> 🚩	T + + + + + + + + + + + + + + + + + + +	1 104,370		1 200,120

PartIX

Form 990 (2021)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 37,386 37,273 37,274 111,933 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 57,696 635,148 120,601 813,445 Other salaries and wages 7 Pension plan accruals and contributions (include 3,734 5,574 23,778 14,470 section 401(k) and 403(b) employer contributions) 8,600 18,327 75,829 48,902 Other employee benefits q 7,140 73,206 53,880 12,186 Payroll taxes 10 Fees for services (nonemployees): 11 Management Legal 15,641 15,641 Accounting Lobbying
Professional fundraising services. See Part IV, line 1 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 19,021 3,474 30,984 53,479 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 470 3,255 4,572 8,297 13 Office expenses 14 Information technology Royalties 15 6,450 10,966 47,087 64,503 16 Occupancy 6,614 1,006 1,030 8,650 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 640 4,778 4,138 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 2,389 17,438 4,061 23,888 22 Depreciation, depletion, and amortization 427 3,119 726 4.272 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 O.) 4.189 41,379 31,354 5,836 REPAIRS AND MAINTENANCE 1,145 716 29,928 28,067 SUPPLIES 17,19917,199 EVENT EXPENSES 11,613 11,613 PROGRAM OUTREACH 2,410 11,570 29,344 15,364 e All other expenses 248,969 154,970 1,007,223 1,411,162 25 Total functional expenses. Add lines 1 through 24e . 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 ▶ if following SOP 98-2 (ASC 958-720)

Pa	art)	Check if Schedule O contains a response or n	ote to a	nv line in this Part X		- .	
	•••				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			198,162	1	213,048
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			178,628	3	234,513
ŀ	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for	ner off	cer, director,			
		trustee, key employee, creator or founder, substantia	al cont	butor, or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified					
ts		under section 4958(f)(1)), and persons described in	section	4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use				8	
	9	Described assessment deferred aboves			3,398	9	3,514
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10	368,740			
	b	Less: accumulated depreciation	10		66,201		42,313
	11	Investments—publicly traded securities			158,411	11	142,466
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)		604,800	16	635,854
	17	Accounts payable and accrued expenses			72,171	17	57,830
	18	Grants payable			18		
	19	Deferred revenue		16,705	19	20,666	
	20	Tana and a said to a little a	********		20		
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of	officer,	lirector,			
iliti		trustee, key employee, creator or founder, substanti					
Liabilities		controlled entity or family member of any of these pe	ersons			22	
1	23					23	
	24	Unsecured notes and loans payable to unrelated thi	rd part	es		24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17-	-24). C	mplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			88,876	26	78,496
ຜູ		Organizations that follow FASB ASC 958, check	here 2				
Ž		and complete lines 27, 28, 32, and 33.			teritor de la constituir et de la constituir	1111	iedos adalas a incurriores c
ala	27				388,985		461,008
Ä	28	Net assets with donor restrictions			126,939	28	96,350
Ĕ		Organizations that do not follow FASB ASC 958,	checi	here ▶			
Net Assets or Fund Balances		and complete lines 29 through 33.			El Britania (Company) de la company		A STATE OF THE STA
ន	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated incom				31	
Net	32	Total net assets or fund balances	.		515,924		
_	33	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	604,800	33	635,854

Form **990** (2021)

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 51		62 89 24
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 51	1,1 9,4 5,9	62 89 24
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,41 3 Revenue less expenses. Subtract line 2 from line 1 3 5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 51	1,1 9,4 5,9	62 89 24
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 1	9,4 5,9	89 24
3 Revenue less expenses. Subtract line 2 from line 1 3 5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 51	5,9	24
· · · · · · · · · · · · · · · · · · ·		
E Net unrealized gains (losses) an investments	.8,0) <u>55</u>
5 Net unrealized gains (losses) on investments 5 -1		
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)		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	7,3	<u> 58</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII	 ,	Ш
	Yes	<u>No</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on		
Schedule O.	489	400
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	C4 10 C 4 L	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		26574 24575
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis	300	
b Were the organization's financial statements audited by an independent accountant?	X	55.6 78.
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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	* N. 20 et 21 * 5
If the organization changed either its oversight process or selection process during the tax year, explain on		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Single Audit Act and OMB Circular A-133?		<u>X</u> _
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	.	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	990	

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 **2021**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Schedule A (Form 990) 2021

Employer identification number Name of the organization LITERACY CENTER OF WEST MICHIGAN 38-2725232 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 X receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iv) is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary listed in your governing other support (see organization (described on lines 1-10 support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

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

0 . b =	dula A /5 000) 0004 T.T.T	ייים ארע רייי	NTER OF W	ECT MTCH	TCAN 30	-2725232	Page 2
	art II Support Schedule for (
దానీచే	(Complete only if you ch						
	Part III. If the organization	n fails to quali	fy under the te	sts listed belo	w, please con	plete Part III.)	. ,
Sec	tion A. Public Support	<u>_</u>	•			<u> </u>	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Oiff and the control of the control						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	18. G. S. G. S.					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		:				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					37 7 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
12	Gross receipts from related activities, et						
13	First 5 years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax y	ear as a section 5	01(c)(3)	. 🗀
	organization, check this box and stop h		4				P
Sec	tion C. Computation of Public					144	
14	Public support percentage for 2021 (line						. %
15	Public support percentage from 2020 Sc				4:-00.4/00/	15 <u> </u>	%_
16a	33 1/3% support test—2021. If the orga						▶ □
	box and stop here. The organization qu				ine 45 in 22 4/20/	or more abook	
þ	33 1/3% support test—2020. If the organization have the properties to the constitution of the constitution						•
47-	this box and stop here. The organizatio 10%-facts-and-circumstances test—2						
1/8	10%-racts-and-circumstances test—2						
	Part VI how the organization meets the						
				•	· -	•	▶□
b	organization 10%-facts-and-circumstances test—2	020. If the organi	zation did not ched	k a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization						

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

organization

instructions

Schedule A (Form 990) 2021

18

Page 3

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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	. (d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	729,113	1,185,623	1,114,479	1,181,325	1,205,561	5,416,101
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	:					
	furnished in any activity that is related to the	78,150	84,569	78,212	50,671	160,287	451,889
	organization's fax-exempt purpose	76,150	04,509	70,212	50,071	100/207	452,005
3	Gross receipts from activities that are not an unrelated trade or business under section 513	144,118	164,740	154,305	134,246	140,852	738,261
4	Tax revenues levied for the	111,110	104/140	154/505	131/210		
4	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	951,381	1,434,932	1,346,996	1,366,242	1,506,700	6,606,251
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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	86,419	374,265	1,026,811	919,829	838,776	3,246,100
С	Add lines 7a and 7b	86,419	374,265	1,026,811	919,829	838,776	3,246,100
8	Public support. (Subtract line 7c from						
	line 6.)		\$16.00 Mill 100 Mill		(CONT.) F. (CO.)		3,360,151
	tion B. Total Support						40 7 1 1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	951,381	1,434,932	1,346,996	1,366,242	1,506,700	6,606,251
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,904	3,889	3,816	6,553	4,083	22,245
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	3,904	3,889	3,816	6,553	4,083	22,245
11	Net income from unrelated business activities not included on 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.)	955,285	1,438,821	1,350,812	1,372,795	1,510,783	6,628,496
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop h						> 🗔
Sec	tion C. Computation of Public	Support Perc	entage				
15	Public support percentage for 2021 (line	8, column (f), div	ided by line 13, co	olumn (f))	. , ,	15_	50.69%
16	Public support percentage from 2020 So			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			56.01%
Sec	ction D. Computation of Investr	<u>nent Income F</u>	Percentage				·
17	Investment income percentage for 2021	(line 10c, column	ı (f), divided by lin	e 13, column (f))			%
	nvestment income percentage from 2020					<u>18</u>	%_
19a	33 1/3% support tests—2021. If the or						Ţ
	17 is not more than 33 1/3%, check this						
b							
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	aid not check a b	ox on line 14, 19a	, or 19b, check th	is box and see ins	structions	🖊 🔝

Schedule A (Form 990) 2021

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.)

A	A A 11	A		A	
Section	A. AII	Sup	porung	Urga	anizations

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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) 2021

Sched	ule A (Form 990) 2021 LITERACY CENTER OF WEST MICHIGAN 38-272523	2		Page 5
Pai	t IV Supporting Organizations (continued)		- 1	
		12.50	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	3 889	ting to got	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	يتوريه ومراو	34777777
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		####	099920
Coat	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Sect	ion B. Type (Supporting Organizations		Yes	No
	Did the second of the second o	P 98/90	7 es	100 10,100
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		993. EZ	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the			of the share of the late.
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	2002 70	4 Y W W T
2	Did the organization operate for the benefit of any supported organization other than the supported	74.7		
	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,	i de la composition della comp	rusyrifi (probabler i
	supervised, or controlled the supporting organization.	_ 2		
Sect	ion C. Type II Supporting Organizations			N.
		7.55	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			3755
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		pirmakisi.	
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations	-	Vaa	No
	The state of the fifth month of the	D 18/15/8	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		10	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	131339	D. M. J. Pres	Edd of the
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	E 1834-1837	(988-308-45)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1943	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100000	M984043945	1/00/06/04
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 - (0/4/56/56)	315000000
3	By reason of the relationship described on line 2, above, 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	11.00		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		14/4/57/4	XXXXX
0	supported organizations played in this regard.	3		l
	tion E. Type III Functionally Integrated Supporting Organizations	(inna)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	uons).		
a				
b		inateur	ational	
C		msuu		No
2	Activities Test. Answer lines 2a and 2b below.	50,797.9	Yes	No
а		3.3	190.36	- Carrie
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			2.719
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1000		
	how the organization was responsive to those supported organizations, and how the organization determined	3-	1005/00/20	106619990
	that these activities constituted substantially all of its activities.	2a	1300	A 450
b	· · · · · · · · · · · · · · · · · · ·	133	15.50	1600
	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	10000	# 1822 P	
	have engaged in these activities but for the organization's involvement.	2b	5355583559	55,050,000,000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	133	1000	1 %. 6
а			₽ .386863	4.00000
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	1800, 9740 6	17/04/2016
b	· · · · ·	15000 AL	149 (46)	a wastels la
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Sched	tule A (Form 990) 2021 LITERACY CENTER OF WEST N			5232 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	. , ,			
	instructions. All other Type III non-functionally integrated supporting organization	ns must o	complete Sections A throu	
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3.50		
	instructions for short tax year or assets held for part of year):	1944.		E California de Calonda de Calond El Calonda de Calonda d
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
- 0	t Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors	16.25		
	(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		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3		3		
	Enter greater of line 2 or line 3.	4		
		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
v	emergency temporary reduction (see instructions).	6		
7		rated Tv	pe III supporting organiza	tion
•	(see instructions).			

38-2725232 LITERACY CENTER OF WEST MICHIGAN Page 7 Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 . **b** From 2017 c From 2018 ... d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Name	of the organization		Employer identification number
	ITERACY CENTER OF WEST MICHIGAN		38-2725232
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	funds or Other Similar Funds n Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
	conferring impermissible private benefit?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or ed	ducation Preservation of a historicall	y important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
C			2c
d	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a	
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n		□ v □ u
_	violations, and enforcement of the conservation easements it holds'		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfied	- · · · · · · · · · · · · · · · · · · ·	
	and section 170(h)(4)(B)(ii)?	,	Yes [No
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements t	hat describes the
Ď	organization's accounting for conservation easements. Organizations Maintaining Collections of A	rt Historical Treasures or Otl	har Similar Assats
<i>?</i> ₃ 5 ∂	Complete if the organization answered "Yes" of		Tier Jillinai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not		
	of art, historical treasures, or other similar assets held for public ext		rance of public
	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, to re	•	
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	. , , , , , , , , , , , , , , , , , , ,	
2	If the organization received or held works of art, historical treasures		ın, provide the
	following amounts required to be reported under FASB ASC 958 re	_	▶ #
a			
<u>b</u>	Assets included in Form 990, Part X		▶ \$

Sche	edule D (Form 990) 2021 LITERAC						Page 2
Pa	art III Organizations Maintain	ing Collections	of Art, Historica	al Treasure	es, or Other	r Similar As	sets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other rec	ords, check any of th	e following th	at make signifi	cant use of its	
а	Public exhibition	d 🗌	Loan or exchange p	rogram			
b	Scholarly research	е	Other	_			
С	Preservation for future generations		***************************************				
4	Provide a description of the organization	s collections and exp	olain how they further	the organiza	tion's exempt p	ourpose in Part	
	XIII.						
5	During the year, did the organization soli	cit or receive donatio	ns of art, historical tre	easures, or of	ther similar		
	assets to be sold to raise funds rather that		as part of the organiz	ation's collect	tion?		Yes No
Pa	art IV Escrow and Custodial						_
	Complete if the organiza	tion answered "Y	es" on Form 990), Part IV, li	ine 9, or rep	orted an am	ount on Form
	990, Part X, line 21.						
1a	ls the organization an agent, trustee, cus						
	included on Form 990, Part X?				,		. Yes No
þ	If "Yes," explain the arrangement in Part	XIII and complete the	e following table:				
							Amount
	Beginning balance						
	Additions during the year						
	Distributions during the year						
f	Ending balance					1f	
	Did the organization include an amount of						
	If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation has be	en provided o	on Part XIII		
ା Ha	art V Endowment Funds.	tion annwared "V	'ac" an Earm 000	Dort IV li	ino 10		
	Complete if the organiza			(c) Two yes		Three years back	(e) Four years back
		(a) Current year	(b) Prior year	(c) I wo yes	ars back (d)	Three years back	(e) Four years back
	Beginning of year balance			 			
	Contributions						
C	Net investment earnings, gains, and				•		
	losses Grants or scholarships			1			-
	Other expenditures for facilities and						
е	•			ŀ			
	programs Administrative expenses						
	End of year balance	 .		†			
	Provide the estimated percentage of the		ance (line 1g. column	(a)) held as:			<u> </u>
	Board designated or quasi-endowment		anoc (into 19, column	1 (d)) 1101d db.			
	Permanent endowment						
_	Term endowment ▶ %	,					
	The percentages on lines 2a, 2b, and 2c	should equal 100%					
3a	Are there endowment funds not in the po		nization that are held	and adminis	tered for the		
- Ju	organization by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations		,				3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as re	equired on Schedule	 R?			3b
4	Describe in Part XIII the intended uses of						
Pa	art VI Land, Buildings, and E						
14114 P# (12)	Complete if the organiza		es" on Form 990), Part IV, I	ine 11a. See	Form 990,	Part X, line 10.
	Description of property	(a) Cost or other		r other basis	(c) Accumi		(d) Book value
	<u></u>	(investment	t) (o	ther)	deprecia	tion	
1a	Land				44.50.00.00.00	144.50.60	
	Buildings	l l					
	Leasehold improvements			56,014		9,382	6,632
	Equipment		2	212,726	17	7,045	35,681
	Other	1					
	al. Add lines 1a through 1e. (Column (d) m		Part X. column (B), I	ine 10c.)			42,313

DAA

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

Sche	edule D (Form 990) 2021 LITERACY CENTER OF WEST	MICHIGAN 38	-2725232	Page 4
Pa	Reconciliation of Revenue per Audited Financia			n.
	Complete if the organization answered "Yes" on Fo			1 450 506
1	Total revenue, gains, and other support per audited financial statements		1	1,452,596
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l I		
а	Net unrealized gains (losses) on investments		-18,055	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	-18,0 <u>55</u>
3	Subtract line 2e from line 1			1,470,651
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	27,300	
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a h				
b	Other (Describe in Part XIII.)		4c	
c	Add lines 4a and 4b	401		1,470,651
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
P	Art XII Reconciliation of Expenses per Audited Financi Complete if the organization answered "Yes" on Fo			um.
			4	1,411,162
1			80000	1,111,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3			3	1,411,162
			888	
4	Amounts included on Form 990. Part IX, line 25, but not on line 1:			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	Ac	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	1 411 162
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	4b		1,411,162
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII.) Supplemental Information.	4b ne 18.)	5	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII.) Supplemental Information.	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
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a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 and 1 and 2 and 3 and 4 and	ne 18.)	2b; Part V, line 4; Part	

Schedule D (F	Form 990) 2021	LITERACY ntal Information	CENTER O	F WEST	MICHIGAN	38-2725232	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)				
		• • • • • • • • • • • • • • • • • • • •		-,		,	
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Vame	of the organization LITERACY CENTER O	F WEST M	ICH:	[GA	N	Employer identifica	
Pa	Fundraising Activities. Complete Form 990-EZ filers are not required				wered "Yes" on For	m 990, Part IV,	line 17.
1	Indicate whether the organization raised funds throug	h any of the follo	wing a	ctiviti	es. Check all that apply.	•	
а	Mail solicitations	e 🗌 Solicitatio	n of no	n-go	vernment grants		
b	Internet and email solicitations	f Solicitation	n of go	vern	ment grants		
С	Phone solicitations	g 🗌 Special fu	ndrais	ing e	vents		
d	In-person solicitations						
	Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	y in connection v	vith pro	ofess	ional fundraising service	s?	Yes No
b	If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pur			reements under which th	e fundraiser is to b	e .
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3	· · · · · · · · · · · · · · · · · · ·	 	 				
•							
4							
5							
6							
7							
8							1 - 1
9							
10		:					
Tota							
	List all states in which the organization is registered or registration or licensing.		cit con	tribut	ions or has been notified	l it is exempt from	

. .			.				

3754 12/06/2022 Schedule G (Form 990) 2021 LITERACY CENTER OF WEST MICHIGAN 38-2725232 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through **SPELLEBRATION** WINE & WORDS NONE (total number) col. (c)) (event type) (event type) Revenue 140,306 106,713 33,593 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 140,306 106,713 33,593 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9,571 40,132 30,561 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 40,132 11 Net income summary. Subtract line 10 from line 3, column (d)

Art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than 100,174 Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:
a !s the organization licensed to conduct gaming activities in each of these states?

Yes No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

.....

Schedul	e G	(Form	990)	2021

b If "Yes," explain:

Sche	dule G (Form 990) 2021 LITERACY CENTER OF WEST MICHIGAN 38-2725232	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	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 books and	
17	fecords:	
	Topprae.	
	Name ▶	
	Name ▶	
	Address ▶	
	Addices P	
1 E a	Does the organization have a contract with a third party from whom the organization receives gaming	
ıva		Yes No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	🗀 103 🗀 140
D	amount of gaming revenue retained by the third party ►\$	
_	If "Yes," enter name and address of the third party:	
С	it is, enter frame and address of the time party.	
	Nama N	
	Name ▶	
	Address	
	Address ▶	
16	Gaming manager information:	
16	Garring manager monitation.	
	Name ▶	
	nghie P	
	Gaming manager compensation ▶\$	
	Garring manager compensation Ps	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶\$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, column	s (iii) and (v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	ıl information.
	See instructions.	
· ····		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Sche	edule G (Form 990) 2021

SCHEDULE O (Form 990)

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.

2021

Open to Public Inspection

Employer identification number

38-2725232

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

LITERACY CENTER OF WEST MICHIGAN

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATION'S FINANCE DIRECTOR THOROUGHLY REVIEWS THE 990 BEFORE A

COPY IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW. UPON ACCEPTANCE BY

THE FINANCE COMMITTEE, A COPY OF THE RETURN IS PROVIDED TO MEMBERS OF THE

BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY. THE

BOARD MEMBERS HAVE AN ETHICAL DUTY TO DISCLOSE CIRCUMSTANCES WHEN THERE IS

THE EXISTENCE OR APPEARANCE OF A CONFLICT OF INTEREST AND TO EXCLUDE

THEMSELVES FROM ANY DECISION OR ACTION WHERE SUCH A CONFLICT OF INTEREST

EXISTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION PROCESS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT

PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE

DELIBERATION AND DECISION.

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
THE	ORGANIZATION'S	GOVERNING	DOCUMENTS	ARE AVAILAB	LE UPON RE	QUEST AND	FROM
GUII	ESTAR.ORG.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11141144711441144		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			•				
	••••••						
.					444441411441144	• • • • • • • • • • • • • • • • • • • •	

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION