## Return of Organization Exempt From Income Tax

**Form 990**

**2015**

**Department of the Treasury**

**Internal Revenue Service**

**O.M.B. No. 1545-0047**

**Open to Public Inspection**

### Part I: Summary

1. **Briefly describe the organization's mission or most significant activities**: Teach Adults to Read

### Activities & Governance

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)**: 3

4. **Number of independent voting members of the governing body (Part VI, line 1b)**: 12

5. **Total number of individuals employed in calendar year 2015 (Part V, line 2a)**: 6

6. **Total number of volunteers (estimate if necessary)**: 190

7a. **Total unrelated business revenue from Part VIII, column (C), line 12**: 0

7b. **Net unrelated business taxable income from Form 990-T, line 34**: 0

### Revenue

8. **Contributions and grants (Part VIII, line 1h)**: 126,775.00

9. **Program service revenue (Part VIII, line 2g)**: 43,901.00

10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d)**: 7.00

11. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**: 48,842.00

12. **Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)**: 175,625.00

### Expenses

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3)**: 100,559.00

14. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 4-10)**: 97,316.00

15. **Professional fundraising fees (Part IX, column (A), line 11e)**: 71,525.00

16a. **Total fundraising expenses (Part IX, column (D), line 25)**: 81,700.00

17. **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**: 168,841.00

18. **Revenue less expenses. Subtract line 18 from line 12**: 8,379.00

### Net Assets or Fund Balances

20. **Total assets (Part X, line 10)**: 45,490.00

21. **Total liabilities (Part X, line 20)**: 8,495.00

22. **Net assets or fund balances. Subtract line 21 from line 20**: 36,995.00

### Part II: Signature Block

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

**Signature of officer**: SARA DREW

**Date**: 11/28/16

**Print/Type preparer's name**: Michael L. Cobb

**Preparer's signature**:  

**Date**: 12/16/15

**Check**: Self-employed

**PTIN**: 001286515

**Firm's name**: COBB & SUSKIE LTD

**Firm's address**: 650 S SHACKLEFORD RD, STE.400

**Phone no.**: (501) 71-0671623

**Firm's EIN**: 71-06671623

**Phone no.**: (501) 225-2133

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

**TEEA0101 10/12/15**

**Form 990 (2015)**