

# 2025 - 2026 North Port & Non-profits United (NP2) Program Application

Submitted on	13 August 2025, 1:14pm
Receipt number	17
Related form version	3

Agency Name:	Literacy Volunteers of South Sarasota
Tax ID Number:	65-0174475
Agency Website:	<a href="https://www.literacychangeslives.org/">https://www.literacychangeslives.org/</a>
Agency Street Address:	6919 Outreach Way
Unit/Suite:	
City:	North Port
State:	FL
What county will your program serve?	FL
What city will your program serve:	North Port

## Application Contact Information

Prefix:	Ms.
First Name:	Saara
Last Name:	Ullery
Job Title:	Executive Director
Phone Number:	941-307-5946
Email Address:	lvssc@literacychangeslives.org

## Requested Mission Support Item Information

What is your non-profits mission?	LVSSC empowers immigrant adults to speak, comprehend, read, and write English through personalized instruction—both in person and online—using tools and technology that enhance learning, engagement, and real-world application.
Title of Project:	TABE/Ventures On-line Class Pilot Study
Amount Requested:	\$1, 785.00
Please describe the item needed:	17- IPEVO V4K Ultra High Definition USB Document Cameras
Are there any known or anticipated barriers to installing or using this item at your agency (e.g., space limitations, permitting requirements, or code compliance)?	NO
In detail, how will this item assist the North Port community?	LVSSC will enhance its online English classes for immigrant adults by equipping instructors with document cameras, enabling clear, interactive demonstrations of lesson materials in real time.
Please describe the expected impact:	This technology will improve learner engagement and comprehension, empowering participants to access North Port's healthcare, employment, and educational opportunities while contributing to the community's economic growth.
Please describe what data or statistics will be utilized to measure the impact:	LVSSC will measure the impact of this project by collecting both quantitative and qualitative data. Learner progress will be tracked through pre- and post-assessment testing aligned with our curriculum to evaluate gains in English language proficiency. Additional data will include attendance records, course completion rates, and learner engagement levels in online classes. We will also document how improved English skills help participants access community resources—such as healthcare, employment, and education—through follow-up surveys and learner feedback. This combined data set will provide clear evidence of how document cameras enhance instructional effectiveness and support successful integration of immigrant adults into the North Port community.
Is your impact reliant on a partnership with an external agency?	No

## Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?	Priority 8. Support nonprofits providing programs to our community. Indicator 8.1: Implement and promote the North Port Office of Aging and Community Resources to local non-profits to bridge accessibility gaps in the community by allowing at least three (3) agencies per year to offer services/support groups. Indicator 8.2: Refer clients to proper resources and act as an information hub for residents.
	Pillar 2: Quality of Life

Uploads

Articles of Incorporation	<a href="#">4. Articles of Incorporation and Amendments.pdf</a>
IRS 501(c)3 Non-profits Determination Letter	<a href="#">IRS Affirmation of Determination Letter.pdf</a>
Most Recent IRS 990 Form	<a href="#">2023-2024 Form 990-EZ.pdf</a>
Example/Image/Link of Support Item	<a href="#">NP Grant IPEVO V4K Ultra HighCamera.docx</a>
Link	<a href="https://www.officedepot.com/a/products/8597780/IPEVO-V4K-Documents-camera-color-8/?utm_source=google&amp;utm_medium=sag?utm_source=google&amp;utm_medium=cpc&amp;utm_campaign=pla_cor_evq_peripherals_general_unid_prch_non-match&amp;mediacampaignid=71700000119263347&amp;utm_source=google&amp;utm_medium=cpc&amp;gclid=aw.ds&amp;gad_source=1&amp;gad_XiyMusl0OVyM5myor7nGTdc9vKpKR7SryagM7BwCu6UxHMPBoC4kYQAvD_BwE">https://www.officedepot.com/a/products/8597780/IPEVO-V4K-Documents-camera-color-8/?utm_source=google&amp;utm_medium=sag?utm_source=google&amp;utm_medium=cpc&amp;utm_campaign=pla_cor_evq_peripherals_general_unid_prch_non-match&amp;mediacampaignid=71700000119263347&amp;utm_source=google&amp;utm_medium=cpc&amp;gclid=aw.ds&amp;gad_source=1&amp;gad_XiyMusl0OVyM5myor7nGTdc9vKpKR7SryagM7BwCu6UxHMPBoC4kYQAvD_BwE</a>

Signature



[Link to signature](#)

**NP<sup>2</sup>**North Port  
Non-Profits United

# NP2 Non-Profit Application Checklist

Review each application submitted by the non-profit agency to ensure completion of application and all required documentation.

Agency Name: Literacy Volunteers of South Sarasota

Tax ID: 65-0174475 Requested Amount: \$ 1,785

Agency Street Address: 6919 Outreach Way

City: North Port State: FL Zip Code: 34287

Documents	Complete	Notes
Application	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Articles of Incorporation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
501 (c) 3 Non-Profit Determination Letter	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IRS 990 Form (if applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sunbiz Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Cost of Mission Support Item	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$1,785
Reasonable Purpose	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Notes Document Cameras		

Reviewed By: C. Estrada Date: 8/18/2025

## 2025 - 2026 North Port & Non-profits United (NP2) Program Application

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Pillar 2: Quality of Life



*James*

[Link to signature](#)

File  
Corporation

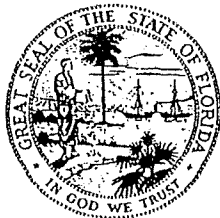
# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC., a corporation organized under the Laws of the State of Florida, filed on September 10, 1984, as shown by the records of this office.

The charter number of this corporation is N05066.



CER-101

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
11th day of September, 1984.

George Firestone  
Secretary of State

NO5066

ARTICLES OF INCORPORATION  
OF  
LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC.,  
A FLORIDA CORPORATION

ARTICLE ONE  
NAME

The name of the corporation is LITERACY VOLUNTEERS OF AMERICA  
VENICE AREA, INC.

ARTICLE TWO  
DURATION

The term of existence of the Corporation is perpetual.

ARTICLE THREE  
PURPOSE

The purpose of the organization shall be to promote and foster  
increased literacy in Venice and contiguous areas through volunteer  
teaching of and aid to the illiterate and semi-literate; to encourage  
and aid individuals, groups or organizations desiring to increase  
literacy through voluntary programs; to receive, invest and disburse  
funds; and to hold property for the purposes of the organization.

This organization shall have no capital stock, its objective and  
purpose being solely of a charitable, literary and educational charac-  
ter and not for individual pecuniary gain or profit to its members.  
No part of the income or assets of this organization shall inure to  
the benefit of any private individual or member. This shall not pro-  
hibit payment to individuals for services received or assets purchased.

ARTICLE FOUR  
DIRECTORS

There shall be seven (7) members of the initial Board of Directors  
of the Corporation. The names and addresses of the persons who are to  
serve as Directors until the first election thereof are as follows:

JESSICA HALL	1349 Pinebrook Way, Venice, Florida 33595
FRANCES BOURNE	443 Picasso Drive, Nokomis, Florida 33555
BETTY PETERSON	438 Andros Avenue, Venice, Florida 33595
ELEANOR BYRNES	1642 Pomelo Drive, Venice, Florida 33595
THEODORE LYNCH	705 El Dorado Drive, Venice, Florida 33595
KATHERINE GROSE	1628 Casey Key Road, Nokomis, Florida 33555
CHARLES GROSE	1628 Casey Key Road, Nokomis, Florida 33555

ARTICLE FIVE  
OFFICERS

The affairs of the Corporation are to be managed by a President,  
a Vice-President, a Secretary, and a Treasurer. Such Officers will be  
elected annually on the 1st day of July. The names of the persons who  
are to serve as Officers until the first election of Officers under

these Articles of Incorporation are as follows:

ELEANOR BYRNES	- President	KATHERINE GROSE	- Secretary
THEODORE LYNCH	- Vice-President	CHARLES GROSE	- Treasurer

ARTICLE SIX  
MEMBERS

The Corporation shall have Members. Members of the Corporation will be required to meet the following qualifications:  
(1) High School Graduate, (2) Completed training of Teachers Training Workshop sponsored by Literacy Volunteers of America Venice Area, Inc. Persons meeting such qualifications will be admitted in the following manner: Upon personally donating and continuing to donate one (1) hour per week following completion of workshop training program instructing students to improve their basic reading skills and/or instructing the skill of learning English as a second language.

ARTICLE SEVEN  
BYLAWS

The Bylaws of the Corporation are to be made, altered, or rescinded by the Directors of the Corporation.

ARTICLE EIGHT  
AMENDMENTS TO ARTICLES

These Articles of Incorporation may be amended by the act of the Directors of the Corporation. Such amendments may be proposed and adopted in the manner provided in the Bylaws of the Corporation.

ARTICLE NINE  
INCORPORATORS

The names and residence addresses of the subscribers of these Articles of Incorporation are:

ELEANOR BYRNES	1642 Pomelo Drive, Venice, Florida 33595
THEODORE LYNCH	705 El Dorado Drive, Venice, Florida 33595
KATHERINE GROSE	1628 Casey Key Road, Nokomis, Florida 33555

IN WITNESS WHEREOF, We have subscribed our names this 27<sup>th</sup>  
day of July, 1984.

Eleanor Byrnes  
ELEANOR BYRNES, Incorporator

James "Ted" Lynch  
THEODORE LYNCH, Incorporator

Katherine Grose  
KATHERINE GROSE, Incorporator

STATE OF FLORIDA

COUNTY OF SARASOTA

On July 27, 1984, 1984, before me, a Notary Public in the aforesaid State and County, personally appeared ELEANOR BYRNES, THEODORE LYNCH and KATHERINE GROSE, who are known to me to be the persons named in and who executed the foregoing instrument and who severally acknowledged that they executed the same freely.

Jack Stolson  
Notary Public

My Commission Expires:

Notary Public, State of Florida

My Commission Expires June 17, 1983

Bonded thru Troy Fahn - Insurance, Inc.

7/27/84  
10:23 AM  
JUL 27 1984  
SARASOTA, FL

This Instrument Prepared By:  
JACK STOLSON, ESQUIRE  
Tandem Center, Suite 201  
333 South Tamiami Trail  
Venice, Florida 33595

STATE OF FLORIDA  
DEPARTMENT OF STATE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE  
SERVED AND NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS.

The following is submitted, in compliance with Chapter  
48.091, Florida Statutes:

LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC. a corporation  
organized under the laws of the State of Florida with its principal  
office at: Friends of the Library, Venice Area Public Library,  
300 South Nokomis Avenue, City of Venice, County of Sarasota, State  
of Florida, has named ELEANOR BYRNES located at 316 Sarasota  
Ave., Venice, FL 33595, as its agent to accept service of  
process within this state.

OFFICERS:

ELEANOR BYRNES	President	1642 Pomelo Dr., Venice, FL 33595
THEODORE LYNCH	Vice-President	705 El Dorado Dr., Venice, FL 33595
KATHERINE GROSE	Secretary	1628 Casey Key Rd., Nokomis, FL 33555
CHARLES GROSE	Treasurer	1628 Casey Key Rd., Nokomis, FL 33555

DIRECTORS:

JESSICA HALL	1349 Pinebrook Way, Venice, Florida 33595
FRANCES BOURNE	443 Picasso Drive, Nokomis, Florida 33555
BETTY PETERSON	438 Andros Avenue, Venice, Florida 33595
ELEANOR BYRNES	1642 Pomelo Drive, Venice, Florida 33595
THEODORE LYNCH	705 El Dorado Drive, Venice, Florida 33595
KATHERINE GROSE	1628 Casey Key Road, Nokomis, Florida 33555
CHARLES GROSE	1628 Casey Key Road, Nokomis, Florida 33555

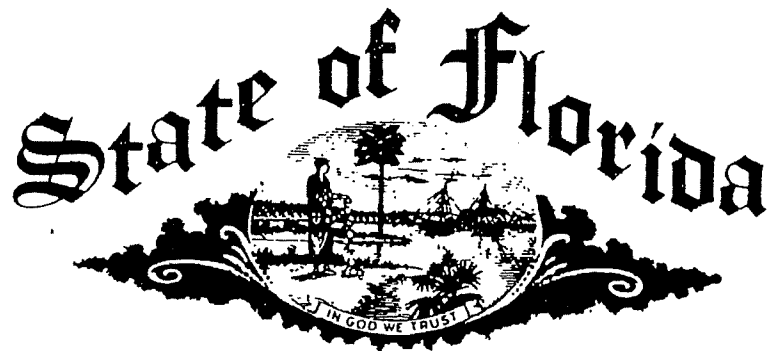
By: Eleanor C. Byrnes

ACCEPTANCE:

I agree as Resident Agent to accept Service of Process: to  
keep office open during prescribed hours; to post my name (and any  
other officers of said corporation authorized to accept service of  
process at the above Florida designated address) in some conspicuous  
place in office as required by Law.

Eleanor C. Byrnes  
Resident Agent





Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on September 11, 2000, to Articles of Incorporation for LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC. which changed its name to LITERACY VOLUNTEERS OF AMERICA OF SOUTH SARASOTA COUNTY, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is N05066.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-first day of September, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# ARTICLES OF AMENDMENT

to

# ARTICLES OF INCORPORATION

of

FILED  
00 SEP 11 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Literacy Volunteers of America Venice Area, Inc.  
(present name)

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

## Article I

The name of the organization shall be Literacy Volunteers of America of South Sarasota County, Inc.

## Article II - Section 1

Literacy Volunteers of America of South Sarasota County, Inc., exists to enable our local organization to provide literacy services to South Sarasota County and to maintain high standards of training and certification for volunteers. It is a service provider and the organization's primary focus is to serve adults and children in need of literacy skills.

**SECOND:** The date of adoption of the amendment(s) was: September 1, 2000

**THIRD:** Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Literacy Volunteers of America of South Sarasota County, Inc.

Corporation Name

Marybeth Catizone

President

Signature of Chairman, Vice Chairman, President or other officer

Marybeth Catizone

Typed or printed name

President

Title

September 6, 2000

Date



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 21, 2000

LITERACY VOLUNTEERS OF AMERICA - VENICE AREA, INC.  
ATTN: ROSANNA MILLER  
300 SOUTH NOKOMIS AVE.  
VENICE, FL 34285

Re: Document Number N05066

The Articles of Amendment to the Articles of Incorporation for LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC. which changed its name to LITERACY VOLUNTEERS OF AMERICA OF SOUTH SARASOTA COUNTY, INC., a Florida corporation, were filed on September 11, 2000.

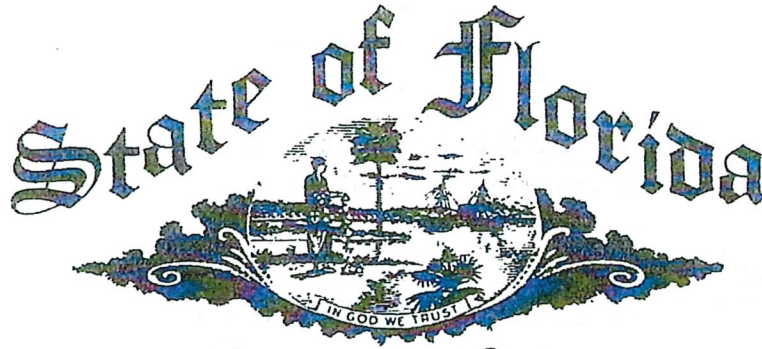
The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Anna Chesnut  
Corporate Specialist  
Division of Corporations

Letter Number: 800A00049670

*Copy to Bank 10/13/00*



Department of State

I certify from the records of this office that LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY, INC. is a corporation organized under the laws of the State of Florida, filed on September 10, 1984.

The document number of this corporation is N05066.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on April 16, 2015, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twelfth day of April, 2016



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

Articles of Amendment  
to  
Articles of Incorporation  
of

18 APR -6 PM 12:31

Literacy Volunteers of America of South Sarasota County, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

N05066

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

Literacy Volunteers of South Sarasota County, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)  
(continued)



The date of adoption of the amendment(s) was: February 18, 2016

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature *Sandra McIntyre*  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Sandra McIntyre  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**





OGDEN UT 84201-0029

In reply refer to: 4077391934  
Mar. 15, 2019 LTR 4168C 0  
65-0174475 000000 00  
00074937  
BODC: TE

LITERACY VOLUNTEERS OF SOUTH  
SARASOTA COUNTY INC  
% PRESIDENT  
300 NOKOMIS AVE S  
VENICE FL 34285-2416

012260

Employer ID number: 65-0174475  
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Dec. 10, 2018, about your tax-exempt status.

We issued you a determination letter in APRIL 2004, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

4077391934  
Mar. 15, 2019 LTR 4168C 0  
65-0174475 000000 00  
00074938

LITERACY VOLUNTEERS OF SOUTH  
SARASOTA COUNTY INC  
% PRESIDENT  
300 NOKOMIS AVE S  
VENICE FL 34285-2416

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

*Stephen A. Martin*

Stephen A. Martin  
Director, EO Rulings & Agreements

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**2023****Open to Public  
Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%"><tr><td colspan="2"><b>C</b> Name of organization <b>LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY INC</b></td><td><b>D</b> Employer identification number <b>65-0174475</b></td></tr><tr><td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>300 NOKOMIS AVE S</b></td><td><b>E</b> Telephone number <b>941-861-1352</b></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>VENICE, FL 34285</b></td><td><b>F</b> Group Exemption Number</td></tr></table>	<b>C</b> Name of organization <b>LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY INC</b>		<b>D</b> Employer identification number <b>65-0174475</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>300 NOKOMIS AVE S</b>		<b>E</b> Telephone number <b>941-861-1352</b>	City or town, state or province, country, and ZIP or foreign postal code <b>VENICE, FL 34285</b>		<b>F</b> Group Exemption Number
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City or town, state or province, country, and ZIP or foreign postal code <b>VENICE, FL 34285</b>		<b>F</b> Group Exemption Number								
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): <u>Modified Cash Basis</u>		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).								
<b>I</b> Website: <u>www.LiteracyChangesLives.org</u>										
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other: _____										
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ <b>86,320</b>										

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>81,386</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>0</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>1,344</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>	<b>0</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>	<b>0</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>	<b>0</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>	<b>0</b>	
	<b>b</b> Gross income from fundraising events (not including \$ <b>0</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>	<b>3,590</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>	<b>0</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>	<b>3,590</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	<b>0</b>		
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>	<b>0</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b>	<b>0</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>0</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>86,320</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>61,818</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>0</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>6,434</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>2,785</b>
	<b>16</b> Other expenses (describe in Schedule O) <u>See Schedule O, Statement 1</u> . . . . . <b>16</b>	<b>32,933</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>103,970</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-17,650</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>91,665</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>74,015</b>



**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	94,002	79,561
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 <b>Total assets</b>	94,002	79,561
26 <b>Total liabilities</b> (describe in Schedule O) <u>See Schedule O, Statement 2</u>	2,337	5,546
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	91,665	74,015

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Schedule O, Statement 3

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>During the year that ended June 30, 2024, 222 volunteer 1-to-1 tutors and ESL instructors provided 14,940 hours of instruction to 458 adult learners free of charge. Volunteer trainers provided instruction to 87 new volunteers who became tutors.</u>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	97,373
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	97,373

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paddy Padmanabhan President	5.00	0	0	0
Dell Rubin-Smithern Vice President	5.00	0	0	0
Nancy Pike Secretary	5.00	0	0	0
Mike Farmer Treasurer	10.00	0	0	0
Mary Lou Belisle Director	5.00	0	0	0
Sandra McIntyre Director	5.00	0	0	0
Jim Patterson Director	5.00	0	0	0
Joe Pokorney Director	5.00	0	0	0
Patricia Roberts Director	5.00	0	0	0
Mary Seyler Director	5.00	0	0	0
(Continued on Schedule O, Statement 4)				



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	✓
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	✓
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911: 0; section 4912: 0; section 4955: 0		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	✓
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		0
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		0
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed: <u>FL</u>		
<b>42a</b> The organization's books are in care of: <u>Sandra McIntyre</u> Telephone no. <u>941-412-0107</u>		
Located at: <u>300 NOKOMIS AVE S, VENICE, FL 34285</u> ZIP + 4 <u>34285</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	<b>45b</b>	✓

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46** ☐ Yes ☒ No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** 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 . . . . . **47** ☐ Yes ☒ No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☒ No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☒ No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☐ No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer		Date		
	Sandra McIntyre, Assistant Treasurer				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY INC

65-0174475

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: \_\_\_\_\_
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **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.**
  - 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.**
  - 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.**
  - d ☐ **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.**
  - e ☐ 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.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,732	97,984	53,049	71,800	81,386	368,951
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	6,156	0	2,130	2,933	3,590	14,809
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .		8,580				8,580
<b>6 Total.</b> Add lines 1 through 5 . . . .	70,888	106,564	55,179	74,733	84,976	392,340
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .			0			0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .			0			0
<b>c</b> Add lines 7a and 7b . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						392,340

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .	70,888	106,564	55,179	74,733	84,976	392,340
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			412	1,708	1,344	3,464
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	0	0	412	1,708	1,344	3,464
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	70,888	106,564	55,591	76,441	86,320	395,804
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	99.12 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.44 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	0.88 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 . . . .	<b>18</b>	0.56 %
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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, directors, or trustees at all times during the tax year? <i>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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
Section C—Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2024. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY INC

65-0174475

## Other Expenses Structured Explanation

Description	Amount
Accounting and State Fees	222
Annual Meeting	242
Board Expense	444
Community Outreach	2,535
Conferences and Training	350
Copier Maintenance and Copies	678
Database LACES 2 years	3,495
Equipment Purchases	2,944
Equipment Repair	291
Insurance Directors and Officers	778
Insurance Workers Comp	619
Internet Hot Spots to Loan to Students	720
Memberships National State and Local	517
Miscellaneous	177
Office Supplies and Software	3,250
Instructional Materials for Students and Tutors	11,154
Volunteer and Student Recognition	298
Website Domain Names Zoom	4,219
<b>Total:</b>	<b>32,933</b>

Other Liabilities Structured Explanation

Description	EOY Amount
Accrued Payroll Taxes	1,336
Credit Card Bank of America	4,210
Total:	5,546

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**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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The organization's primary exempt purpose is to help foreign-born adults learn English as a Second Language (ESL) and help English-speaking adults improve their reading skills (Basic Adult Literacy). Volunteers are trained to become tutors to adult learners in both English as a Second Language (ESL) and Basic Adult Literacy (Reading and Writing). Adult learners are also helped with American customs and citizenship. Services are provided free of charge to adult learners.

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Polly Skinner	5.00	0	0	0
Title	Director				
Name	Janita Wisch	5.00	0	0	0
Title	Director				

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05066

**Entity Name:** LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY, INC.**Current Principal Place of Business:**300 NOKOMIS AVE. S.  
VENICE, FL 34285**Current Mailing Address:**300 NOKOMIS AVE. S.  
VENICE, FL 34285 US**FEI Number:** 65-0174475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINTYRE, SANDRA  
338 MARSH CREEK RD.  
VENICE, FL 34292 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SANDRA MCINTYRE

02/09/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	DIRECTOR
Name	MCINTYRE, SANDRA	Name	WISCH, JANITA
Address	338 MARSH CREEK RD.	Address	% NORTH PORT LIBRARY 13800 S. TAMIAMI TRAIL
City-State-Zip:	VENICE FL 34292	City-State-Zip:	NORTH PORT FL 34287
Title	DIRECTOR	Title	DIRECTOR
Name	SKINNER, POLLY	Name	BELISLE, MARY LOU
Address	247 RIO TERRA	Address	4969 LAUREL HILL DR.
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34293
Title	PRESIDENT	Title	VP
Name	RUBIN-SMITHERN, DELL	Name	FARMER, MICHAEL J
Address	29678 OTTARIO CT.	Address	4956 STONECASTLE DR
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	VENICE FL 34293
Title	DIRECTOR	Title	SECRETARY
Name	METZLER, DEB	Name	RIKKA-WILLIAMS, RITA
Address	1290 QUEEN RD	Address	348 HILLVIEW ROAD
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SANDRA MCINTYRE

TREASURER

02/09/2025

Electronic Signature of Signing Officer/Director Detail

Date



## **IPEVO V4K Ultra High-Definition USB Document Cameras**

- Works with a variety of software and applications on Mac, PC and Chromebook that allows you to use it in different ways
- High frame rate for lag-free live streaming - streams at up to 30 fps at full HD, and up to 15 fps at 3264 x 2448 pixels
- Fast focusing speed helps minimize interruptions for frequent switching between different materials; features Sony CMOS image sensor for exceptional noise reduction and color reproduction - great for capturing in dimly lit environments
- Newly designed multi-jointed stand offers a simple fix for tightening loose joints caused by heavy daily use
- Features an 8 megapixel camera for capturing ultra high definition live images up to 3264 x 2448 pixels

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05066

**Entity Name:** LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY, INC.**FILED**  
**Feb 09, 2025**  
**Secretary of State**  
**3828121898CC****Current Principal Place of Business:**300 NOKOMIS AVE. S.  
VENICE, FL 34285**Current Mailing Address:**300 NOKOMIS AVE. S.  
VENICE, FL 34285 US**FEI Number: 65-0174475****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCINTYRE, SANDRA  
338 MARSH CREEK RD.  
VENICE, FL 34292 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: SANDRA MCINTYRE****02/09/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** MCINTYRE, SANDRA  
**Address** 338 MARSH CREEK RD.  
**City-State-Zip:** VENICE FL 34292**Title** DIRECTOR  
**Name** WISCH, JANITA  
**Address** % NORTH PORT LIBRARY  
13800 S. TAMiami TRAIL  
**City-State-Zip:** NORTH PORT FL 34287**Title** DIRECTOR  
**Name** SKINNER, POLLY  
**Address** 247 RIO TERRA  
**City-State-Zip:** VENICE FL 34285**Title** DIRECTOR  
**Name** BELISLE, MARY LOU  
**Address** 4969 LAUREL HILL DR.  
**City-State-Zip:** VENICE FL 34293**Title** PRESIDENT  
**Name** RUBIN-SMITHERN, DELL  
**Address** 29678 OTTARIO CT.  
**City-State-Zip:** ENGLEWOOD FL 34223**Title** VP  
**Name** FARMER, MICHAEL J  
**Address** 4956 STONECASTLE DR  
**City-State-Zip:** VENICE FL 34293**Title** DIRECTOR  
**Name** METZLER, DEB  
**Address** 1290 QUEEN RD  
**City-State-Zip:** VENICE FL 34293**Title** SECRETARY  
**Name** RIKKA-WILLIAMS, RITA  
**Address** 348 HILLVIEW ROAD  
**City-State-Zip:** VENICE FL 34293

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SANDRA MCINTYRE****TREASURER****02/09/2025**

Electronic Signature of Signing Officer/Director Detail

Date