(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury Open to Public Inspection i 501(c)(3) Organizations Onl ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service D Employer identification number Check box if name changed and see instructions.) Name of organization ( Check box if address changed instructions ) LITERACY COUNCIL OF WEST ALABAMA, 26-2883459 B Exempt under sections Print E Unrelated business activity code X 501(c)(3 or Number, street, and room or suite no. If a P O. box, see instructions. 3401 MARTIN LUTHER KING BLVD. 408(e) ]220(e) 408A City or town, state or province, country, and ZIP or foreign postal code [530(a) TUSCALOOSA, AL 35401 529(a) Book value of all assets at end of year F Group exemption number (See instructions.) 58,629. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here NONE . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V 0. (see instructions) 0. Unrelated business taxable income. Subtract line 30 from line 29 Form **990-T** (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

EXTENDED TO NOVEMBER 16, 2020 **Exempt Organization Business Income Tax Return** 

Form 990-T

2939315635404

		LITERACY COUNCIL OF WEST ALABAMA, INC.  Total Unrelated Business Taxable Income	26-	28834	59 Pag	е 2
32		f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		0	).
33		its paid for disallowed fringes	33			<u> </u>
34	v	ible contributions (see instructions for limitation rules)	34		0	· ·
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35			_
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			_
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			_
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	,000	·
39	-	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		<del>_</del> _		<del>-</del>
		ne smaller of zero or line 37	139		0	
		Tax Computation	1			
40		zations Taxable as Corporations Multiply line 39 by 21% (0.21)	40		0	•
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:				_
		ax rate schedule or Schedule D (Form 1041)	41			
42		ax See instructions	42			_
43	-	tive minimum tax (trusts only)	43			_
44		Noncompliant Facility Income See Instructions	44			
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0	
Parl		Tax and Payments				
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	1			_
b	-	redits (see instructions) 46b	7			
C		I business credit. Attach Form 3800 46c	7	_		
d	Credit	or prior year minimum tax (attach Form 8801 or 8827)	] , [	·		
е		redits Add lines 46a through 46d	46e			
47	Subtra	ct line 46e from line 45	47		0	$\overline{\cdot}$
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			_
49	Total to	Add lines 47 and 48 (see instructions)	49		0	•
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0	•
51 a	Payme	nts A 2018 overpayment credited to 2019				_
b	-2019 e	stimated tax payments	] '   -			
C	Tax de	posited with Form 8868	] · [			
d	Foreign	organizations, Tax paid or withheld at source (see instructions) 51d				
е	Backup	withholding (see instructions) 51e				
f	Credit 1	or small employer health insurance premiums (attach Form 8941)				
g	Other o	redits, adjustments, and payments: Form 2439				
	F	orm 4136 Other Total ▶ 51g				
52	Total p	ayments. Add lines 51a through 51g	52			
53	Estima	ed tax penalty (see instructions) Check if Form 2220 is attached 🕨 🗔	53			_
54	Tax du	e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			_
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			_
_ 56		e amount of line 55 you want; Credited to 2020 estimated tax	56			_
Part	VI	Statements Regarding Certain Activities and Other Information (see instructions)				
57	At any	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No	
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<u> </u>		╝
	here	<b>&gt;</b>			X	
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u> </u>	
		see instructions for other forms the organization may have to file				
59		e amount of tax-exempt interest received or accrued during the tax year > \$				
Sign	U	nder penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belie	ot, it is true,		
Here		Oliki I mand Indiala and Appropriate	/lay the IRS di	scuss this retu	rn with	٦
11010				nown below (se		1
			nstructions)?	X   Yes	No	, ,
			If PTIN			
Paid	l	CHRISTOPHER J. CHRISTOPHER J. self-employed williams williams 11/11/20		126600	0	
•	oarer		036628		_	
Use	Only	Firm's name ► JAMISONMONEYFARMER PC Firm's EIN ►	03-	<u>-09331</u>	エフ	_
		P.O. BOX 2347	205 24	15_0//	0	
923711	01-27-00	Firm's address ► TUSCALOOSA, AL 35403 Phone no. 2		15-844 orm <b>990</b> -		<u> </u>

Schedule A - Cost of Goods	Sold. Ente	r method of inve	ntory v	aluation N/A		<del></del>	_			
1 Inventory at beginning of year 1			6							
2 Purchases 2			7	Cost of goods sold S	line 6					
3 Cost of labor 3			from line 5. Enter here and			Part I,		}		
4a Additional section 263A costs	line 2	7								
(attach schedule) 4a 8 Do the rules of section					263A (	263A (with respect to Yes				
<b>b</b> Other costs (attach schedule)		property produced or acquired for resale) apply to					<u> </u>			
5 Total Add lines 1 through 4b	the organization?									
Schedule C - Rent Income (	From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prop	erty	·)		
(see instructions)	<del></del>			<del></del>				_ <del>, ·, · · · · _ </del>		
1 Description of property						<del></del>				
<u>(1)</u>								. <del></del> .		
(2)				<del></del>				<del></del>		
_(3) _(4)				<del></del>		<del></del>		<del></del>		
_(4)	2 Rent receiv	red or accrued				<del>                                     </del>		<del></del>		
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of	(b) From real of rent for	personaí	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)					
								· <del></del>		
(2)										
(3)										
_(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions Enter here and on page 1, Part i, line 6, column (B)			0.	
Schedule E - Unrelated Deb		Income (see	instruc	ctions)		Tatt, into o, column(b)			<u> </u>	
		·	2	Gross income from	`	3 Deductions directly con to debt-finance				
Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		s	
			<del> </del>			·				
(2)			+		<del> </del>		+			
(3)			+		<b>-</b>		╅	······································		
(4)			1 -				_			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))		
_(1)			<del> </del>	%						
(2)				- %						
(3)				%						
(4)				%						
				· —		nter here and on page 1, Part I, tine 7, column (A)		Enter here and on page Part I, line 7, column (E		
Totals				<b>&gt;</b>		0	<u>.</u>		0.	
Total dividends-received deductions and	cluded in column	n 8		,					<u>n.</u>	

Schedule F - Interest,	Aimancs,	Hoyanac	<del></del>	Controlled O				(see insti	ructions	5)	
1 Name of controlled organization		2 Employe identification number	r 3 Net uni	related income a instructions)	4 Tot	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		lling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)		····									
(4)											
Nonexempt Controlled Organ	nizations										
7 Taxable Income		elated income (los instructions)	ss) 9. Total	of specified payn made	nents	10 Part of colur in the controllin gross				fuctions directly connected income in column 10	
(1)											
(2)										<u> </u>	
(3)											
(4)											
						Enter here and	ns 5 and 10 on page 1, P olumn (A)	art I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investm		of a Sec	tion 501(c)(7	'), (9), or (1	7) Org	anization					
	structions)		<del></del>	2 Amount of	ncome	3 Deduction directly connect	ted	4 Set-as		5 Total deductions and set-asides	
(1)		<del>-</del>				(attach schedu	ile)			(col 3 plus col 4)	
(2)					<del></del>		<del></del>			<del></del>	
(3)	<del></del>						<del></del>			<del>                                     </del>	
(4)	····		-								
				Enter here and o Part I, line 9, coli						Enter here and on page 1, Part I, line 9, column (B)	
Totals			<b>•</b>		0.					0.	
Schedule I - Exploited (see insti	•	ctivity Inc	ome, Other	Than Adv	ertisin	g Income					
2 Gross 1 Description of unrelated business income from trade or business of u		3 Expenses rectly connected with production of unrelated usiness income	4. Net incomfrom unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross incor from activity the is not unrelated business incor	at ed	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)							<u> </u>				
(2)											
(3)											
(4)											
	Enter here as page 1, Pa line 10, col	urti, (A) i	nter here and on page 1, Part I, ine 10, col (B)		_	<del></del>				Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertis	ing Income	0 .	0.							0.	
Part I Income From				olidated I	3asis		<del></del> -				
1 Name of periodical	ad	Gross evertising encome	3. Direct advertising costs	4 Advertis or (loss) (co cot 3) If a gas cols 5 thr	2 minus n, compute	5. Circulation income	on	6 Readers costs	hip	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										•	
(2)											
(3)				_							
(4)		$\Box$									
Totals (carry to Part II, line (5))	<b>•</b>	0.	0	•	<u>_</u>					0.	
										Form 990-T (2019)	

923731 01-27-20

Form 990-T (2019) LITERACY COUNCIL OF WEST ALABAMA, INC. 26-28834

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)			<u></u>				
Totals from Part I		0.	0.			•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	1		•	0.
Schedule K - Compe	nsatior	of Officers, D	Directors, and	Trustees (see in	structions)	<u></u>	<del></del>
				0 ~	3 Perce		ompensation attributable

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2019)