

AMENDED RETURN SECTION 512(A)(7) REPEAL

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
[] 408(e) [] 220(e)
[] 408A [] 530(a)
[] 529(a)

Name of organization ([] Check box if name changed and see instructions.)
SUMMIT COUNTY ADULT LITERACY COUNCIL
Number, street, and room or suite no. If a P.O. box, see instructions.
60 S. HIGH STREET
City or town, state or province, country, and ZIP or foreign postal code
AKRON, OH 44326

D Employer identification number (Employees' trust, see instructions)
34-1491695
E Unrelated business activity codes (See instructions)

C Book value of all assets at end of year
873,443.

F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If "Yes," enter the name and identifying number of the parent corporation.
[] Yes [X] No

J The books are in care of MARQUITA MITCHELL Telephone number 330-434-9461

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Total income is 0.

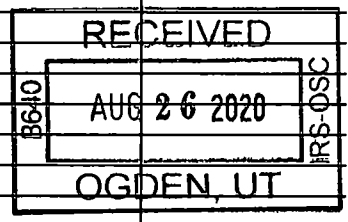


Table with 2 columns: Description, Amount. Rows include 14 Compensation of officers, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation, 23 Depletion, 24 Contributions to deferred compensation, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income. Total deductions is 0,000.

SCANNED NOV 23 2020

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36** _____
37 Proxy tax. See instructions **37** _____
38 Alternative minimum tax **38** _____
39 Tax on Non-Compliant Facility Income. See instructions **39** _____
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a** _____
b Other credits (see instructions) **41b** _____
c General business credit. Attach Form 3800 **41c** _____
d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d** _____
e Total credits. Add lines 41a through 41d **41e** _____
42 Subtract line 41e from line 40 **42** 0.
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43** _____
44 Total tax. Add lines 42 and 43 **44** 0.
45a Payments: A 2016 overpayment credited to 2017 **45a** _____
b 2017 estimated tax payments **45b** _____
c Tax deposited with Form 8868 **45c** _____
d Foreign organizations: Tax paid or withheld at source (see instructions) **45d** _____
e Backup withholding (see instructions) **45e** _____
f Credit for small employer health insurance premiums (Attach Form 8941) **45f** _____
g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other 498. Total **45g** 498.
46 Total payments. Add lines 45a through 45g **46** 498. SEE STATEMENT 2
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47** _____
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** _____
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 498.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded **50** 498.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial 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 here Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer: *Jill M. Boyle* Date: **08-20-2018** Title: **EXECUTIVE DIRECTOR**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **JILL M. BOYLE, CPA** Preparer's signature: **JILL M. BOYLE, CPA** Date: **08/05/20** Check if self-employed PTIN: **P01246734**
 Firm's name: **SIKICH LLP** Firm's EIN: **36-3168081**
 Firm's address: **274 WHITE POND DRIVE AKRON, OH 44320-1118** Phone no.: **(330)864-6661**

FOOTNOTES

STATEMENT 1

THE TAXPAYER IS AMENDING THE TAX RETURN TO CLAIM A REFUND CREDIT DUE TO THE REPEAL OF SECTION 512(A)(7). BELOW INDICATES THE CHANGE TO THE RETURN:

LINE 12 - EXCLUDING AMOUNTS PAID FOR DISALLOWED FRINGES - REPEAL OF SECTION 512(A)(7)

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX DUE ON ORIGINALLY FILED RETURN

498.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

498.