	Form	<sub>2</sub> 990ºT	[	Exempt Organization Bus			ax Return	),  -	OMB No 1545-0687	
		<i>i</i> .	F	(and proxy tax und	er se	ection 6033(e))	N 30 301	)( <i>y</i>	2010	
			For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 20  Go to www.irs.gov/Form990T for instructions and the latest information.						2010	
		tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(c)						pen to Public Inspection fo 01(c)(3) Organizations Only	
	Α	Check box if address changed		Name of organization ( Check box if name of	hanged	d and see instructions.)		D Employ	yer identification number lyees' trust, see	
	B E	xempt under section	Print	SUMMIT COUNTY ADULT LI	TER	ACY COINCIL		ł	l-1491695	
		501( <b>c. 03</b> )	or	Number, street, and room or suite no. If a P.O. bo				E Unrelated business activity code		
		408(e) 220(e)	Туре	60 S. HIGH STREET				(See ins	structions)	
	Ē	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					812930	
	C Boo		AKRON, OH 44326  F Group exemption number (See instructions.)						012330	
	ate	end of year		G Check organization type ► X 501(c) cor	poration	n 501(c) trust	401(a	\ trust	Other trust	
	H En	ter the number of the	organiza	tion's unrelated trades or businesses.		the only (or first) ur		T Other Post		
		de or business here	complete Parts I-V.		than one.					
		scribe the first in the b								
	<u>b</u> us	siness, then complete	P <u>a</u> rts III	-V.						
		• • •		oration a subsidiary in an affiliated group or a pare	nt-subs	-subsidiary controlled group?			□ No	
				tifying number of the parent corporation. 🕨						
				MARQUITA MITCHELL			one number 🕨 3	<u> 30 – 4</u>		
				le or Business Income		(A) Income	(B) Expense:	s .	(C) Net	
		Gross receipts or sale						·		
		Less returns and allow		c Balance	_1c		<u> </u>			
		Cost of goods sold (S		•	2					
		Gross profit. Subtract			3		RECEI	<del>VE(</del>	<del></del>	
		Capital gain net incom		·	4a	<b></b>	1,7202	<del>- , ,</del>	<del>78                                     </del>	
				art II, line 17) (attach Form 4797)	4b		1111 10	2020		
		Capital loss deduction			4c	1 2		2020	1001	
		` '	•	chip or an S corporation (attach statement)	5				<u> </u>	
		Rent income (Schedu	•	na (Schadula E)	7		OGDE1	<del>1, U</del>	<del>F                                     </del>	
		Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)								
		· •		on 501(c)(7), (9), or (17) organization (Schedule G)	9					
		Exploited exempt activ			10	_				
3		Advertising income (S	-	•	11					
M Receiv		•	ther income (See instructions; attach schedule)					, 4-		
Recet		Total. Combine lines			13	0.				
₹	Pa	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)								
<u>3</u>		(Except for d								
_	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14		
	15	Salaries and wages						15		
<b>\$</b>	16	Repairs and mainten	ance					16		
1	17	Bad debts						17		
•	18	Interest (attach sche	aule) (s	ee instructions)				18		
	19	Taxes and licenses	one (Ca	unatruationa for limitation sulca)				19		
•	20	Depreciation (attach	•	e instructions for limitation rules)		1 04 1		20		
	21 22	•		n Schedule A and elsewhere on return		21 22a	<del></del>	22b		
		•	iiiioa oi	Toblication and disconlete on retain		[224]	<del>.</del>	23		
=		Depletion						24		
บวบ		Depletion Contributions to defe	erred co	moensation plans						
	23 24	Contributions to defe		npensation plans						
_		•	grams					25 26		
6	23 24 25 26	Contributions to defe Employee benefit pro	grams ises (Sc	hedule I)				25		
6	23 24 25 26	Contributions to defe Employee benefit pro Excess exempt expen	ograms nses (Sc osts (Sc	hedule I) nedule J)				25 26		
6	23 24 25 26	Contributions to defe Employee benefit pro Excess exempt exper Excess readership co	ograms nses (So osts (Sc tach sch	hedule I) nedule J) edule)				25 26 27		
6	23 24 25 26	Contributions to defe Employee benefit pro Excess exempt exper Excess readership of Other deductions (at Total deductions. A	ograms uses (So osts (So tach sol dd lines	hedule I) nedule J) edule)	t line 29	9 from line 13		25 26 27 28	0 0	
6	23 24 25	Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (at Total deductions. A Unrelated business t Deduction for net op	ograms uses (So usts (So tach sch dd lines axable ii	hedule I) nedule J) nedule) 14 through 28				25 26 27 28 29		

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Form 990-	(2018) SUMMIT COUNTY ADULT LITERACY COUNCIL 34-	·1491695	Page 2
Part	II Total Unrelated Business Taxable Income		<u> </u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	"	<del></del>
30	lines 33 and 34		
0.7		36 37	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	337	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	111	
<b>D</b>	enter the smaller of zero or line 36	38	0.
Part	<u> </u>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>▶</b> 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> 40	
41	Proxy tax, See instructions	▶ 41	<del></del>
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \		- 1 17	
45a			
 b	Other credits (see instructions)  45b		
	General business credit. Attach Form 3800	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del> </del>	
		— <u> -j</u> —	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments SIb 50b 1,0	00.	
C	Tax deposited with Form 8868		
ď	Foreign organizations; Tax paid or withheld at source (see instructions)  50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)  50f		
Q			
•	☐ Form 4136 ☐ Other ☐ Total ► 50g	· ·	
51	Total payments. Add lines 50a through 50g	51	1,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,000.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		1,000.
Part \		<b>V</b> 33 1	1,000.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Van I II.
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		$- \longmapsto -$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	(v	<del>    -</del>
	If "Yes," see instructions for other forms the organization may have to file.		1 1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	knowledge and belief, i	t is true,
Here	With the state of	May the IRS disci	uss this return with
11016	X ( A COUTE DIRECTOR	the preparer show	
	P Signature of Officer Date Intle	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check [	if PTIN	
Paid	self- emp	-	
Prepa	rer JILL M. BOYLE, CPA JILL M. BOYLE, CPA 06/22/20		246734
Use C	DIV Firm's name ► SIKICH LLP Firm's E	in ► 36-3	3168081
	274 WHITE POND DRIVE		
	Firm's address ► AKRON, OH 44320-1118 Phone r	no. (330)86	4-6661
823711 01	09-19		rm <b>990-T</b> (2018)
			\ · - /

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