Form **990** (2019)

Cat No 11282Y

	· ·	90	90	Return of Organization Exempt From Inco	me Tax	OMB No 1545-0047		
	(D-		2000	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	private foundation	as) 2019		
		/ Januar	•	► Do not enter social security numbers on this form as it may be m	•			
			of the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest info	1 01/2	Open to Public Inspection		
	A			dar year, or tax year beginning , 2019, and ending	111100011 10 1 1 1 1	, 20		
13	В		f applicable	C Name of organization Northwest Alabama Reading Aides, Inc	D Emp	loyer identification number		
			change	Doing business as		63-0720865		
5	$\overline{\Box}$	Name c	-	Number and street (or P O box if mail is not delivered to street address) Room.	/suite E Teler	phone number		
	$\overline{\Box}$	Initial re	turn	PO Box 391		256-766-5709		
		Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		_		
		Amende	ed return	Florence, AL 35630	G Gros	s receipts \$ 40,745		
		Applicat	tion pending	F Name and address of principal officer	H(a) is this a group return	for subordinates? Yes No		
_					H(b) Are all subordina	ites included? Tyes No		
D	<u></u>		mpt status	✓ 501(c)(3)	If "No," attach a	list (see instructions)		
	<u>J</u>		e: ► N/A		H(c) Group exemption			
أ	K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1979 M State	e of legal domicile AL		
Λ		art I	Summa					
P	ø	1	Briefly des	cribe the organization's mission or most significant activities: To teach ad	ults how to read.			
- 6	1 000				•••••			
၂ ႏ	ernan	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of r	nore than 25% o	f its not assats		
€,	ۄۣٚ	3		voting members of the governing body (Part VI, line 1a)	3	13		
<u>v</u>	~×	4		independent voting members of the governing body (Part VI, line 1b)	4	12		
	ies :	5		per of individuals employed in calendar year 2019 (Part V, line 2a)	. 5	1		
	ڪڙِ ڇ	6	Total numb	per of volunteers (estimate if necessary)	6	0		
	C	7a	Total unrel	per of volunteers (estimate if necessary) ated business revenue from Part VIII, column (C), REFEEVED one of business taxable income from Form 990. Tetha 39	. 7a	0		
	Z	b	Net unrelat	CO DOSINESS TAXABLE INCOME NOTH OF THE SECTION OF T	. 7b	0		
	Revenue ANINE Activities & Gov			5 DEC 22 2020 1g	Prior Year	Current Year		
	Ce le	8		ons and grants (Part VIII, line 1h)	28543	40745		
	Š	9		ervice revenue (Part VIII, line 2g) OGDEN, U	<u></u>			
77	æ	10 11		nue (Part VIII, column (A), lines 3, 4, and vd).				
		12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205.42	40745		
APR 20		13		similar amounts paid (Part IX, column (A), lines 1–3)	28543	40745		
\succeq		14		aid to or for members (Part IX, column (A), line 4)				
4	ses	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)	19732	18088		
7	nse	16a	Profession	al fundraising fees (Part IX, column (A), Iine 11e)				
	Expens	b		alsing expenses (Part IX, column (D), line 25) ▶				
$\tilde{\mathbf{z}}$	ш	17		nses (Part IX, column (A), lines 11 a TEGE 140 ED	13918	14978		
2		18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33650	33066		
.v.	. 10	19	Revenue le	ss expenses. Subtract line 18 from line 12	(5107)			
232202	Assets or Balances	00	Total asset		nning of Current Year	End of Year		
4	Asse Bala	20		ties (Part X, line 16) . ENHTY CONTROL	4902			
0	Net A Fund	21 22		or fund balances Subtract line 21 from line 20	987			
		14		re Block	3915	11594		
	_	_		I declare that I have examined this return, including accompanying schedules and statement	s and to the hest of	my knowledge, and helief it is		
				Declaration of preparer (other than officer) is based on all information of which preparer has		my knowledge and belief, k is		
\wedge				Jan 1/2	T	1-15-70		
11	Siç	-	Signatu	ire of officer	Date			
\varkappa	He	re		12AMIS IC GREEN DINELE	v			
\neq				print name and title				
7	Pa	id	1	preparer's name Preparer's signature Date	Check			
ク	Pro	epare			0 20 self-em			
7)	Us	e Onl	y Firm's nam		Firm's EIN ▶	30-0358651		
	Ma	y the IF		ress PO Box 143 Hodges, AL 35571 his return with the preparer shown above? (see instructions)	Phone no	205-441-5627 . ☑ Yes ☐ No		

For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

Other program services (Describe on Schedule O.)

including grants of \$

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. 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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	_ ~		_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>/</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	✓
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		1
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓	
Part '	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	•		
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		*	
	-	ι.		I

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2'1	2" 4.5	30, 0
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		# C .	رون ديان ديان
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	7	, sea
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst			·	. 3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	· ·	3a	·	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b		
4a			55		
44	At any time during the calendar year, did the organization have an interest in, or a signature or otle a financial account in a foreign country (such as a bank account, securities account, or other final		4a		
b	If "Yes," enter the name of the foreign country ▶	iciai accounty:			· · · ·
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (ERAR)	1	-	42.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	, ,	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	5b	 	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	er transaction,	5c	_	
_			36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions	?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).				J
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		-	
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,	 	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l	penefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?.	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund in sponsoring organization have excess business holdings at any time during the year?	naintained by the	8		_:
9	Sponsoring organizations maintaining donor advised funds.			•	1 . 1 .
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b		
10	Section 501(c)(7) organizations. Enter		7.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	أعقدا		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	,
11	Section 501(c)(12) organizations. Enter		ا با		
а	Gross income from members or shareholders	11a	- 1	4).
b	Gross income from other sources (Do not net amounts due or paid to other sources		5		1.
-	against amounts due or received from them.)	11b	1.3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	`	1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedul	le O.		n	٠
b	Enter the amount of reserves the organization is required to maintain by the states in which	Ì I	•	٩. "	3.56.5
~	the organization is licensed to issue qualified health plans	13b	7		ž,
c	Enter the amount of reserves on hand	13c	1.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
. •	excess parachute payment(s) during the year?		15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		-, 12	1	· i.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estment income?	16	-	1
	If "Yes." complete Form 4720. Schedule O.				1

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through /b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.		
	Check if Schedule O contains a response or note to any line in this Part VI		7
Secti	on A. Governing Body and Management		
		Ye	es No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	3	4
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3 4 5	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	3 4 5	1
6	Did the organization have members or stockholders?	6	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a ✓	
b	Each committee with authority to act on behalf of the governing body?	8b √	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		e.) es No
10a	Did the organization have local chapters, branches, or affiliates?	10a	- NO
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b	/
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	المستثنات
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	 `
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 14	Did the organization have a written whistleblower policy?	13	1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	18.50	1 "A 1.4" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	The organization's CEO, Executive Director, or top management official	15a ✓	/
b	Other officers or key employees of the organization	15b	✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	النوان
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection Indicate how you made these available Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year	of interest	t policy,

State the name, address, and telephone number of the person who possesses the organization's books and records

Form	ggn	(2019)	

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors			- •	_			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if heither the organization no	i arry relate	u org	aillZ			ompe	ıısd	T	omicer, director,	OI II USIEE
	1				C)					
(A)	(B)	(40.4			ition			(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated amount
	hours	office				or/trus		compensation	compensation	of other
	per week (list any	익호	Э	ç	G G	육	Fo	from the organization	from related organizations	compensation from the
	hours for	d k	Ē	Officer	y er	ples gree	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	i ct al	ğ		夏	yee yee	=			related organizations
	organizations below	Individual trustee or director	Institutional trustee		Key employee	ğ				
	dotted line)	šte	ust		"	ens				
			ee	Ī		Highest compensated employee				
(1) Jim Greene		<u> </u>	•				 			
Office Manager	†	1			1			16803	٥ ا	0
(2) Blake Polson								10000		
President	†	1		/			İ	o	o	0
(3) Mike Kessler				<u> </u>					<u>`</u>	<u>_</u>
Vice President	†	1		✓				0	0	o
(4) Mary Tidwell										
Secretary		✓		1			İ	o	0	o
(5) Amanda Couch										
Treasurer	1	✓		1				o	0	0
(6) Hoke Hampton									-	
Board Member		✓		<u> </u>				0	0	0
(7) Anne Smith										
Board Member		✓						0	0	0
(8) Tara Branscome										
Board Member		✓				ļ		0	0	0
(9) Laketta Williams	ļ									
Board Member		✓		L		ļ		0	0	0
(10) Tricia Cutshall	ļ									
Board Member		✓	_					0	0	0
(11) Tom Osborne	ļ									
Board Member		✓				ļ		0	0	0
(12) Patty Boatwright										
Board Member		✓			_			0	0	0
(13) Neil Logan								}		
Board Member	-	✓	igwdown	Ш	_		<u> </u>	0	0	0
(14)										
	1				1	İ		1		

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
					-	C)						
	(A)		Position (do not check more than c						(D)	(E)		(F)
	Name and title	Average	1 '	box, unless person					Reportable	Reportal		Estimated amount
		hours per week	office	er an	_	т —	or/trus		compensation from the	compensa from rela		of other compensation
		(list any	9 5	lng!	Officer	<u>@</u>	eg F	Former	organization	organizati		from the
		hours for	Individual trustee or director	Institutional trustee	Ce C	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1099-	MISC)	organization and
		related organizations	ğ	Sa		탕	e 0					related organizations
		below	l su	Į		yee	npe					
		dotted line)	ee	ste	1	Ì	nsai					
					Ĺ_		a.					
(15)												
							<u> </u>					
(16)												
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(17)												
**			1	1		}	}		}			
(18)												
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(21)												
3		†	1						j .	ı		
(22)				\vdash								
37.71						ł	ł					
(23)						-		-		_ 		
35-97		†					}					
(24)		 			-	\vdash						
35-71							İ		'			
(25)			 	-				\vdash				
32.07		 										
1b	Subtotal		·		<u> </u>		L	<u> </u>	16803			0
C	Total from continuation sheets to Part			•	•	•	•		10803		0	0
d		· · · · · · · · · · · · · · · · · · ·		•		•	•		16803		0	0
2	Total number of individuals (including but						above	2 14/		o than \$10		
2	reportable compensation from the organi		וו ט נו	1056	: 1151	eu	above	2) VV	_	e man pro	0,000	OI .
	reportable compensation from the organi	Zation							0			Yes No
•	Dud the consequentian that you former	· (f ·										
3	Did the organization list any former of							mpi	oyee, or nignes	it compen	sated	
_	employee on line 1a? If "Yes," complete 3										•	3
4	For any individual listed on line 1a, is the											
	organization and related organizations	-	an s	150,	UUU	17 11	re	S,	complete Sched	aule J for	sucn	
_								•		• • •		4 /
5	Did any person listed on line 1a receive of									tion or indi	vidual	
0 - 1	for services rendered to the organization'	r ir "Yes," c	ompi	ete	Scr	ieau	ile J T	or s	ucn person	<u></u>		5 🗸
	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization Repo	ort compen	sation	וסו נ	the	ca	enda	ye	ar ending with or	within the	organ	ization's tax year
	(A)								(B)	,,,,,,,	,	(C)
	Name and business add	1699							Description of serv			Compensation
None												
				_								
				_								
								<u> </u>				
												
2	Total number of independent contractor							th	ose listed abov	e) who 🏻		
	received more than \$100,000 of compens	ation from t	the or	gan	ızatı	ion l	>		0			TO THE PARTY.

Par	VIII	Statement of Re Check if Schedule			espor	nse or note to an	iv line in this Pa	rt VIII		
				<u></u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
SS	1a	Federated campaig	ns .	•	1a	T				
, Grants mounts	ь	Membership dues			1b					
တို မို	С	Fundraising events			1c	4889	•			
fts,	d	Related organizatio			1d		T.			·
ig ig	е	Government grants	(con	tributions)	1e	30374				l
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no	ns, gi	fts, grants,	1f	5482				
道호	٦	Noncash contribution			<u> </u>		•		•	
E D		linės 1a-1f			1g	\$ 3000	,	·		
လ န	h	Total. Add lines 1a-					40745			
-			-			Business Code				
Ce	2a									
ه ڲ	b									
Program Service Revenue	С									
eve	d									
ğ	е									
Ž.	f	All other program se								
	g	Total. Add lines 2a-	-2f		· . <u>·</u>	•		,		
	3	Investment income other similar amoun	nts) .			. ▶				
	4 5	Income from investr Royalties	nent	of tax-exen	npt bo	ond proceeds ►				
	İ			(ı) Rea	ıl	(ii) Personal	,	-		·
	6a	Gross rents	6a							
	b	Less: rental expenses	6b					t.		
	С	Rental income or (loss)				l	• •			
	d	Net rental income o	<u>r (los</u>		<u> </u>	<u> ▶</u>			<u> </u>	
	/a	Gross amount from	İ	(i) Securi	ties	(II) Other		3		ļ
		sales of assets other than inventory	7a							7 7
venue	b	Less cost or other basis and sales expenses	7b	}				3	,	٠,
	С		7c				_			
Œ	d	Net gain or (loss)	· ·			>				
Other Re	8a	Gross income fro events (not including		ındraısing			-			
		of contributions rep 1c). See Part IV, line	porte	d on line	8a	[•	;		
	b	Less direct expens			8b	 		, -	,	, ,
	C	Net income or (loss)		 . fundraisin		ante b	 =			
	J	Gross income f	from	gaming						
		activities See Part I Less: direct expens	es		9a 9b				·	
	Ç	Net income or (loss)) fron	n gaming a	ctivitie	es. ▶				
	10a	Gross sales of in returns and allowan		ory, less	10a					
	b	Less cost of goods			10b				•	
		Net income or (loss)				ory ▶				_
<u>S</u>						Business Code				
scellaneous Revenue	11a									
scellaneo Revenue	b									
eve	С									
ည္က	٦.	All other revenue								

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	mn (A)
	Check if Schedule O contains a response			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				,
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	16803	14283	840	1680
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $$.				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1285	1092	129	64
11	Fees for services (nonemployees):				
а	Management				
b	Legal				·····
С	Accounting	1619	1619		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	623	623		
13	Office expenses	1674	1674		
14	Information technology				
15	Royalties				
16	Occupancy	8854	8854		
17	Travel	600	600		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	204	204		
23	Insurance	988	988		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O.)	<u> </u>			
a	Printing and publications	392	392		
b	Dues	24	24		
C		 			
d	All other eveness				
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	33066	30353	969	1744
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

_	n 990 (20				Page 11
P	art X				
		Check if Schedule O contains a response or note to any line in this Pa		· ·	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4195	1	11314
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	<u></u>	3	914
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 12792			المان المدهور المان المدهور المان المدهور
	ь	Less: accumulated depreciation 10b 12289		10c	503
	11	Investments – publicly traded securities	707	11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4902		42724
	17		395		12731
	18	On the contribution		18	343
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
٠,	ſ	· · · · · · · · · · · · · · · · · · ·		21	الله على الأراد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولاد الأولا
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ä		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D	592	25	794
	26	Total liabilities. Add lines 17 through 25	987	26	1137
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.		*4	The state of the s
lan	27	Net assets without donor restrictions	3915	27	11594
Ba	28	Net assets with donor restrictions	3313	28	11334
þ	20	Organizations that do not follow FASB ASC 958, check here ▶ □	- 		
Ē		and complete lines 29 through 33.	, ,	.	,
ŏ	29	Capital stock or trust principal, or current funds		29	أحباب بسبورس يبدانيون
ţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ä	32	Total net assets or fund balances	3915		11594
Nei	33	Total liabilities and net assets/fund balances	4902		
		Total habilities affu fiet assets/fullu baldfices	4902	<u> </u>	12731

、 rm 9	990 (2019)			P;	age 12
	t XI Reconciliation of Net Assets	 -			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			40745
2	Total expenses (must equal Part IX, column (A), line 25)	2			33066
3	Revenue less expenses Subtract line 2 from line 1	3			7679
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			3915
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			11594
ar	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in	۱.	·
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were co	ompiled	or	T	1
	reviewed on a separate basis, consolidated basis, or both]. ,	1	إرا
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	L	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were au	dited on	a	1	
	separate basis, consolidated basis, or both:		\.		1 112
	Separate basis Consolidated basis Both consolidated and separate basis			المسساء	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c	versight	of	1]
	the audit, review, or compilation of its financial statements and selection of an independent accour	tant? .	2c	1	
	If the organization changed either its oversight process or selection process during the tax year,	explain (on 🧦 🚡	1.5	1353 F
	Schedule O.		•	2.35	11 2513

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

 $Complete \ if \ the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ chantable \ trust.$

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name	e of the organization					Employer Identification	number			
North	nwest Alabama Reading Aides, Inc						20865			
Par							ns.			
The c	organization is not a private founda		,	-	•	*				
1	A church, convention of church						\sim			
2	A school described in section						\mathcal{O}			
3	A hospital or a cooperative hos						=			
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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 									
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit desci	ribed in		
6	A federal, state, or local govern	_								
7	An organization that normally described in section 170(b)(1)(•	port from	a gover	nmental unit or fron	n the genera	l public		
8	A community trust described in									
9	An agricultural research organi or university or a non-land-gran university:	nt college of agr	iculture (see instructio	ons) Ente	r the nan	ne, city, and state of	the college	or		
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt ful income and uni	nctions—subject to c related business taxal	ertain exc ble incom	eptions, ie (less si	and (2) no more that ection 511 tax) from	n 33¹/₃% of i̇̃	ross ts		
11	An organization organized and	operated exclus	sively to test for public	safety :	See sect	ion 509(a)(4).				
12	5									
	of one or more publicly suppo Check the box in lines 12a throi									
d	_ ,, ,	•	· · · · · · · · · · · · · · · · · · ·	-		•		giving		
	the supported organization Yo		• • • • •			he directors or trust	ees of the			
b	Type II. A supporting organ control or management of t organization(s). You must organization	he supporting o	rganization vested in	the same						
С	Type III functionally integrits supported organization(s						ally integrate	d with,		
d	. —		•				rted organiz	ation(s)		
_	that is not functionally integ									
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.				
е	Check this box if the organifunctionally integrated, or T	zation received	a written determination	on from th	ne IRS the	at it is a Type I, Type ion	e II, Type III			
f	Enter the number of supported o	• .					🗀			
g		-	orted organization(s)							
	(i) Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amour			
			(described on lines 1–10 above (see instructions))		r governing nent?	support (see instructions)	other suppo instructio			
			, ,			·		•		
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)				-						

Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	
Secti	on A. Public Support	s quality arial	or the tests in	sted belevi, p	nease compile	oto i art iii.j	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3,2312	(2) 23 : 3	(0) = 0			(1) 70.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4			N		I	
	on B. Total Support					Ţ	,
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			 			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organization		 nd, third, fourth	n, or fifth tax y	12 ear as a section	on 501(c)(3)
C	organization, check this box and stop he					·/ ·	
	on C. Computation of Public Support Public Support percentage for 2019 (line			I column (6)		14	%
14 15 16a	Public support percentage for 2019 (line Public support percentage from 2018 Sci 331/3% support test—2019. If the organ box and stop here. The organization qua	hedule A, Part ization did not	II, line 14 check the box			15	%
b							
17a	10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here. 🔪
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see . ▶ □

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.)

Secti	ion A. Public Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	29704	32570	33961	28543	40745	165523
2	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		ļ		l		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	29704	32570	33961	28543	40745	165523
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						
С	Add lines 7a and 7b						.=
8	Public support. (Subtract line 7c from line 6)		, ,		,		10000
Secti	on B. Total Support	<u></u> <u>-</u> <u>-</u>	<u> </u>				165523
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	29704	32570	33961	28543	40745	165523
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	o	O	o	o	o	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, and 12.)	29704	32570	33961	28543	40745	165523
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization					
Secti	on C. Computation of Public Suppor	t Percentage	<u> </u>				=
15	Public support percentage for 2019 (line 8		-			15	100 %
16	Public support percentage from 2018 Sch			<u> </u>		16	100 %
	on D. Computation of Investment Inc					, , , , , , , , , , , , , , , , , , , ,	
17	Investment income percentage for 2019 (li				mn (f))	17	0 %
18	Investment income percentage from 2018				.d.l.no. 16 :	18 231m%	0 %
19a	331/3% support tests – 2019. If the organia 17 is not more than 331/3%, check this box a						
b	331/3% support tests—2018. If the organization 18 is not more than 321 mg/s, should this be						

Part IV

Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

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

	Section	Δ. ΔΙΙ	Supporting	Organizations
--	---------	--------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		,
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	نتحذ	
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 Part VI when and how the organization made the determination.	3b	() () () () () () () () () ()	ارداد الرواد المست
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс	است	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	, 47 j	ت د
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		ئے
С	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 Part VI 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , 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).	5a		3.2
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	متت	4
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 Part VI.	5c	e "**	
7	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 or 990-EZ).	7		3 ,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		-,n
9a	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 Part VI .	9a	-,	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		1
С	Did a disqualified person (as defined in 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 Part VI .	9c	نو می فاهنستاه	
10a	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	, , ;	-	F

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	IV Supporting Organizations (continued)			ugo C
Fall	Supporting Organizations (continued)		Vaa	I NI a
11	Has the organization accepted a gift or contribution from any of the following persons?	A# 1.	Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	344	7.26	5 4 3
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		_
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	å	7 gW	• •
	tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u></u>		
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ į		147 e 14
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	4 - 4	2.5	. # 4
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	<u> </u>		
C4		2		<u> </u>
Secu	on C. Type II Supporting Organizations			
4	Manage management of the group management of the state of	بر	Yes	No
1	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)? If "No," describe in Part VI how control		٠. '	٠,
	or management of the supporting organization was vested in the same persons that controlled or managed		, F.	ارخ ا
	the supported organization(s).	1	E	
Secti	on D. All Type III Supporting Organizations			
	on the type in outper inig organizations		Yes	No
1	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	.	,	ۇ. بىرا قىيىرى
	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?	_1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	. '		33.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ادر الاستسار
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	. ,]	w 24	د العالم ا
	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	استيندا		نشد
C4		3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		-4:	_1
1 a	The organization satisfied the Activities Test. Complete line 2 below	ารเกษเ	cuons	5)
b	The organization satisfied the Activities rest. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ions)
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		(S	ر م
	how the organization was responsive to those supported organizations, and how the organization determined			-c/
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Con		'
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	,	۱ ۱	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>	الشبا	لنستا
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1,5	4.7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- سنا	43	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4.5	1	المأشد
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7	· <u></u> · - <u></u> - · ·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	330	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	ly int	egrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part Vi) See instructions	th the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See	-		
	instructions.	-		•
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		· ·	
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u> j </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		·	
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7 ⁻			
а	Excess from 2015			
b	Excess from 2016 .			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Schedule A (F	-orm aan or aan-E2) 2019 Page o
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.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name o	the organization		Employer identification number
	est Alabama Reading Aides, Inc.		63-0720865
Par			s or Accounts.
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u></u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal control	? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?		any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (for example, recre	•	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	. 2b
C	Number of conservation easements on a certified h	, ,	. 2c
d	Number of conservation easements included in historic structure listed in the National Register $$.	(c) acquired after 7/25/06, and not o	n a 2d
3	Number of conservation easements modified, transtax year ▶		ninated by the organization during th
4	Number of states where property subject to conser		
5	Does the organization have a written policy regulations, and enforcement of the conservation east		
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$ \begin{align*} \	ng, handling of violations, and enforcing o	conservation easements during the yea
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	□ Voo □ No
9	In Part XIII, describe how the organization reports obligance sheet, and include, if applicable, the text o organization's accounting for conservation easeme	conservation easements in its revenue a f the footnote to the organization's fina	and expense statement and
Part	Organizations Maintaining Collections Complete if the organization answered "	·	Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education,	or research in furtherance of publi
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	I for public exhibition, education, or res	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		. ► \$
2	If the organization received or held works of art, following amounts required to be reported under Fa	historical treasures, or other similar	
а	Revenue included on Form 990, Part VIII, line 1		. ▶ \$

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	e follov	wing that make	significant i	use of its
а	☐ Public exhibition				or exchang				
b	Scholarly research		e	☐ Other	·			•••••	
С	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey further	the or	ganization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe								□ No
Pari	IV Escrow and Custodial Arr	angements.							······································
	Complete if the organization 990, Part X, line 21.	n answered "Yes	on For	m 990, f	Part IV, lin	e 9, or	reported an a	mount on I	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?						r other assets n		□ No
b	If "Yes," explain the arrangement in F	art XIII and compl	lete the fo	ollowing to	able.		 		
	Decree halana							Amount	
C	Beginning balance			•		10			·····
d	Additions during the year		•	•		10			
e f			•	•		16			
2a	Ending balance Did the organization include an amou		Part Y line	21 for e	ecrow or c			√2 □ V ec	ПМо
	If "Yes," explain the arrangement in F							y	
	V Endowment Funds.	arram orioox no.	0 11 11 10 0			p. 0 1. 0	33 317 417 111	 -	
	Complete if the organization	n answered "Yes	" on For	m 990, F	Part IV, line	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance		T						
b	Contributions								
С	Net investment earnings, gains, and losses			_					
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses		<u> </u>						
g	End of year balance	L	<u> </u>						
2	Provide the estimated percentage of			e (line 1g	, column (a	i)) held	as:		
a	Board designated or quasi-endowme	ent 🟲	%						
D	Permanent endowment >	•••••							
С	Term endowment ► % The percentages on lines 2a, 2b, and	2c should equal 1							
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ac	lministered for t	he [7	
	organization by:								es No
	(i) Unrelated organizations		• •			•		3a(i)	
L.	(ii) Related organizations . If "Yes" on line 3a(ii), are the related of	· · · · · · ·		-ad aa C	 Shadula D2	•		3a(ii) 3b	
b 1	Describe in Part XIII the intended use	•	•					SU	
Pari			On 3 Chac		<u> </u>				
	Complete if the organization		" on For	m 990 F	Part IV. line	e 11a	See Form 990	Part X lir	ne 10
	Description of property	(a) Cost or o	ther basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book	
	Land		- · -	ļ <u>-</u>					
ia b	Buildings	.		 					
C	Leasehold improvements		. <u> </u>						
d	Equipment		12792				12289		503
e	Other		12/32			ļ. <u> — </u>	12203		303
	Add lines 1a through 1e (Column (d))	must equal Form 9	OOI Part	X column	(R) line 10	20.1			502

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Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11b. See Form	990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
				
				
			·	
(F)				
(G) (H)		 		
	mn (b) must equal Form 990, Part X, col. (B) line 12)	 		
Part VIII	Investments – Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation
			Cost or end-	of-year market value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
_(7)		ļ		·· ··· ·····
(8)				
(9) T-1-1-(0-1-	(h)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u> </u>		·
Part IX	Complete if the organization answered "Yes" on Foi	rm 000 Part IV line	11d See Form	000 Part V line 15
	(a) Description	m 990, Fart IV, line	Tru. See Form	(b) Book value
(1)	(a) 0030111011	·		(S) SOOK VALOS
(2)				
(3)				
(4)		·- <u>-</u>		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15)	<u> </u>		
Part X	Other Liabilities.	_		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)			 +	
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	(2) most equal to mi 500, t art N, col. (b) mie 20.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a]	
b	Donated services and use of facilities	2b] .	
С	Recoveries of prior year grants	2c], [
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ŀ			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	L]. [
b	Other (Describe in Part XIII.)	4b	<u> </u>		
С				4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a	 _	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	'	
а	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII)	4b]:	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4, P	art IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	nformat	tion
Part X,	Line 2 - The Organization files an annual Form 990 with the Internal Revenue S	Servic	e and its returns for the	e year e	ended 2016 and
subsec	quent years remain subject to examination by tax authorities. The Organization	belie	ves that it has appropr	iate su	pport for any tax
positio	ns taken, and as such, does not have any uncertain tax positions that are mate	erial to	the financial statemen	nts.	
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Schedule D (For	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Northwest Alabama Reading Aides, Inc.	63-0720865				
Part VI, Section B, Line 11 - Office manager reviews the form before mailing.					
Part VI, Section B, Line 13 - Office manager is the only employee. Pay rate and any increases are approved by the board members					
Part VI, Section C, Line 19 - Annual review is available for inspection and submitted to certain grant providers					
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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