

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.  
 Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2024 calendar year, or tax year beginning **07/01/24**, and ending **06/30/25**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LITERACY VOLUNTEERS OF TROUP CO INC</b>	<b>D</b> Employer identification number <b>58-1658168</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P O BOX 1087</b>	Telephone number <b>706-883-7837</b>
	City or town, state or province, county, and ZIP or foreign postal code <b>LAGRANGE GA 30241</b>	<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: **N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) \_\_\_\_\_ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 8b, 8c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **20,911**

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

		1	20,911
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	20,911
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expense	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	20,911	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	7,123
	13 Professional fees and other payments to independent contractors	13	320
	14 Occupancy, rent, utilities, and maintenance	14	2,400
	15 Printing, publications, postage, and shipping	15	382
	16 Other expenses (describe in Schedule O)	16	6,155
17 Total expenses. Add lines 10 through 16	17	16,380	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	4,531
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,866
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,397

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,321	22	23,975
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	19,321	25	23,975
26 Total liabilities (describe in Schedule O)	455	26	578
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,866	27	23,397

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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

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

28 ONE-TO-ONE TUTORING PROGRAMS			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		1,701
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		1,701

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALTON WEST PRESIDENT	1.00	0	0	0
DR. ERIC MARKS VICE PRESIDENT	1.00	0	0	0
NORA AYRES TREASURER/SECRETARY	10.00	0	0	0
TRINA MARKS SECRETARY/TREASURER	1.00	0	0	0
MIKE MERIDETH BOARD MEMBER	1.00	0	0	0
DEBI BAILEY BOARD MEMBER	1.00	0	0	0
KATHY MORRIS BOARD MEMBER	1.00	0	0	0
DIANA COFIELD BOARD MEMBER	1.00	0	0	0
VICTORIA JEFFERIES BOARD MEMBER	1.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization subject to section 5033(e) notice reporting and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9.	39a	
39b	Gross receipts, included on line 9, for public use of club facilities.	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911: _____, section 4912: _____, section 4955: _____.		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T.		X
41	List the states with which a copy of this return is filed: <u>GA</u>		
42a	The organization's books are in care of: <u>NORA AYRES</u> Telephone no. <u>706-883-7837</u> P.O. BOX 1087 Located at <u>LAGRANGE</u> GA ZIP + 4 <u>30241</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: **NORA AYRES** Date: **TREASURER/SECRETARY**

Paid Preparer Use Only: Preparer's name: **WESLEY E. LONG, III, CPA** Preparer's signature: **WESLEY E. LONG, III, CPA** Date: **10/27/25** Check  if self-employed PPTN: **001875543** Firm's name: **LONG & LONG, CPA, PC** Firm's EIN: **58-1445724** Firm's address: **201 CHURCH STREET LAGRANGE, GA 30240-2711** Phone no: **706-884-7331**

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No



# PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

## Licensee Details

### Licensee Information

**Name:** Literacy Volunteers of Troup County

**Owner:** Alton West - Board Chairman

Error retrieving address information

### Primary Source License Information

<b>Lic #:</b> CH016408	<b>Profession:</b> Charities	<b>Type:</b> Charity
<b>Secondary:</b>	<b>Method:</b> Application	<b>Status:</b> Active
<b>Issued:</b> 1/27/2022	<b>Expires:</b> 1/27/2028	<b>Last Renewal Date:</b> 1/9/2026

### Associated Licenses

No Prerequisite Information

### Public Board Orders

Please see Documents section below for any Public Board Orders

### Other Documents

No Other Documents

Data current as of: January 19, 2026 11:36:56

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 844-753-7825.

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### ANNUAL REGISTRATION

\*Electronically Filed\*  
Secretary of State  
Filing Date: 1/19/2026 11:45:31 AM

#### BUSINESS INFORMATION

CONTROL NUMBER	0404439
BUSINESS NAME	LITERACY VOLUNTEERS OF TROUP COUNTY, INC.
BUSINESS TYPE	Domestic Nonprofit Corporation
EFFECTIVE DATE	01/19/2026
ANNUAL REGISTRATION PERIOD	2026

#### PRINCIPAL OFFICE ADDRESS

ADDRESS	P.O. BOX 1087, LAGRANGE, GA, 30241, USA
---------	---

#### REGISTERED AGENT

NAME	ADDRESS	COUNTY
Janice W Plagens	146 Edgemont Ct, LaGrange, GA, 30240, USA	Troup

#### OFFICERS INFORMATION

NAME	TITLE	ADDRESS
Alton West	CEO	PO Box 1087, LaGrange, GA 30241, GA, 30240, USA
Nora A Ayres	CFO	200 MAIN STR STE 201, LAGRANGE, GA, 30241, USA
Nora A Ayres	SECRETARY	PO Box 1087, LaGrange, GA, 30240, USA

#### AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Nora A Ayres
AUTHORIZER TITLE	Officer