Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2008 Open to Public Inspection

Form 990 (2008)

Ā	For the	2008 calendar year, or tax year beginning 7/01/08 , and ending	6/30/	09		
B	Check if ap				D Emp	loyer identification number
	Address ch	use IRS INC				
\equiv	Name chan	ladel or			58	-1488230
Ξ		type. Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		phone number
닏	Initial return	1 *** 48U5 PARK AVENUE		211	61	5-298-8060 <u> </u>
Ш	Termination	Instruc-1 City of town, state of country, and Zir 7 4		G Gross re	ceipts\$ 413,569	
	Amended re					
\Box	Application	gending F Name and address of principal officer:			H(a) Is thi	s a group return for
_		HEATHER STEWART			affilia H(b) Are a	ates? Yes X No
		4805 PARK AVENUE #211				ded? Yes No
		NASHVILLE TN 37209			il.N	o," attach a list. (see instructions)
		npt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	<u>' </u>		4	
		. ► WWW.NASHVILLELITERACY.ORG				p exemption number
		ganization: X Corporation Trust Association Other	<u> </u>	Year of formation: 1	982	M State of legal domicile: TN
_ <u>P</u>	art I	Summary				
-	1 Br	riefly describe the organization's mission or most significant activities: THE NASHVILLE ADULT LITERACY COUNCIL TEACHES	DEADTN	C TO II C -	POPM	ADIII.TS
JCe			KEADIN	G 10 0.5	DORIN A	HDUDIS
Ē		AND ENGLISH SKILLS TO ADULT IMMIGRANTS.				• • • • • • • • • • • • • • • • • • • •
Governance						
ၓ		heck this box if the organization discontinued its operations or dispose				21
Š		umber of voting members of the governing body (Part VI, line 1a)				21
Activities		umber of independent voting members of the governing body (Part VI, line 1b)			<u> </u>	35
ž		otal number of employees (Part V, line 2a)			·· -	650
ĕ		otal number of volunteers (estimate if necessary) otal gross unrelated business revenue from Part VIII, line 12, column (C)			·· 	
		et unrelated business taxable income from Form 990-T, line 34				0
_	D 146	et unitelateu business taxable income nom om 550-1, inte 54		Prior Ye		Current Year
m	8 Cc	ontributions and grants (Part VIII, line 1h)		243	3,243	383,862
Revenue		ogram service revenue (Part VIII, line 2g)				
eve	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			3,633	
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4.	5,737	
	12 To	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	292	2,613	413,569
	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)				
		enefits paid to or for members (Part IX, column (A), line 4)				200 100
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))			223,180
suses		ofessional fundraising fees (Part IX, column (A), line 11e)				
Expe		otal fundraising expenses (Part IX, column (D), line 25)			2 247	110 021
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			9,247	118,831
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,247 2,266	342,011 71,558
20	19 Re	evenue less expenses. Subtract line 18 from line 12		Beginning of	3,366 of Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)			975	233,967
Ass	20 To	otal liabilities (Part X, line 26)				1,434
Net	22 Ne	et assets or fund balances. Subtract line 21 from line 20		160	975	232,533
	art II	Signature Block				
		Hoder penalties of perium. I declare that I have examined this return, including accom	panying sche	edules and statemen	its, and to t	he best of my knowledge
		and belief, it is true correct, and complete. Declaration of preparer (other than officer)	is based on	all information of wh	nich prepare	er has any knowledge.
Sig	n	1/MG = Ul				0-07-09
Hei	re	Signature of officer			Date	•
		NANCY SULLIVAN	TREA	SURER		
		Type or print name and title				Drangrade identificiae acorbe-
n-'	4	Preparer's	Date	Check self-	if	Preparer's identifying number (see instructions)
Pai		signature STEVE BROWN		9/09 employ	red ▶ L	P00641158
	parer'	Firm's name (or yours) BROWN & MAGOIRE CEAS, Fill	LC		EIN	▶ 26-1534694
US	e Only	if self-employed). 502 N GARDEN ST # 208			Phone	
		address, and ZIP + 4 COLUMBIA, TN 38401			no.	931-388-3008
	the IDC	discuss this return with the property shows above? (see instructions)				X Yes No

	Part III Statement of Program Service	Accomplishments (See Instruction	১)
	Briefly describe the organization's mission:		
	THE NASHVILLE ADULT LITERA		DING TO U.SBORN ADULTS
P	AND ENGLISH SKILLS TO ADUL	T IMMIGRANTS.	
2	2 Did the organization undertake any significant progr	ram services during the year which were not lis	sted on
-	the mailer Ferrer 000 er 000 F70		□ Vaa ♥ Na
			Tes A No
_	If "Yes," describe these new services on Schedule (
3	9 9,	nificant changes in how it conducts, any progr	
			Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each	ch of the organization's three largest program s	services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and s	section 4947(a)(1) trusts are required to report	the amount of grants and
	allocations to others, the total expenses, and revenue	ue, if any, for each program service reported.	
	•		
42	1a (Code:) (Expenses \$ 326, 4	4.61 including grants of \$) (Revenue \$
	DURING THE 2008/2009 FISCA) (Nevende \$\psi\$)
	• • • • • • • • • • • • • • • • • • • •		
	ADULT LITERACY COUNCIL ASS		
	1,750 U.SBORN ADULTS AND		EARN TO
F	READ WITH THE ASSISTANCE O	F OVER 650 VOLUNTEERS.	
	• • • • • • • • • • • • • • • • • • • •		

	• • • • • • • • • • • • • • • • • • • •		
4b	1b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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		including grants of \$ including grants of \$	
4c	4c (Code:) (Expenses \$		
4c	1c (Code:) (Expenses \$ 1d Other program services. (Describe in Schedule O.)	including grants of\$) (Revenue \$
4c	Ac (Code:) (Expenses \$ Ad Other program services. (Describe in Schedule O.) (Expenses \$ including of the content of the con) (Revenue \$)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		3,7
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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,"			32
40	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ.
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		v	
10	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40	X	
10	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 13	^	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	148		
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization energia one or more beenitals? If "Ves." complete Schedule H	20		X
21	Did the organization operate one of more hospitals? If Yes, complete Schedule H. Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	X	
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 questions			1
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			1
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			·
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			Ì
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			1
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			Ì
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			i
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			il
	VI	37		X

Form **990** (2008)

	Statements negation other mornings and rax compliance				1	ı
4.	Fatou the murpher reported in Day 2 of Farm 1000. Amount Compressive and Transmitted of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	10	0			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and i			$\overline{}$		
С	gaming (gambling) winnings to prize winners?	еропа	ible	1c		Х
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ · · · · ·]				Λ
Za		20	35			
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax ret	2a	33	2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se			20	Λ	
	instructions)	Е				
32	Did the organization have unrelated business gross income of \$1,000 or more during the year cove	red by	,			
Ja	this return?	ieu by		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a		21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	 rautho	ority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	mano	ai	4a		х
h	If "Voc." enter the name of the foreign country.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreig					
	and Financial Accounts.	п Бап	· ·			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transi-		 ?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti					
·	Demonstrate Deskitched Text Obertage Transporting O	-		5c		
6a	Did the experimentary policit any contributions that were not toy deductible?			6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribu					
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mo	re thar	1			
	\$75?			7a		X
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 v	was				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	d?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	-C as				
	required?			7h		X
8	$Section \ 501 (c) (3) \ and \ other \ sponsoring \ organizations \ maintaining \ donor \ advised \ funds \ and$					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sp	onsor	ing			
				8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a						X
b	***************************************			9b		X
10	Section 501(c)(7) organizations. Enter:	المدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	44.				
a	Gross income from embers or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 990 in l	11b	112	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	***	128		
<u> </u>	ii 103, onter the amount of tax-exempt interest received of accided duffing the year	IZU		l		1

Form 990 (2008) NASHVILLE ADULT LITERACY COUNCIL, 58–1488230

Page 6

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> </u>	tion A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, descri	be the				
4.	circumstances, processes, or changes in Schedule O. See instructions.	a.	21			
1a	Enter the number of voting members of the governing body	1a	21 21			
ь	Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	1			~
•	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
	supervision of officers, directors or trustees, or key employees to a management company or other	•		3		X
4	Did the organization make any significant changes to its organizational documents since the prior F					
5	Did the organization become aware during the year of a material diversion of the organization's ass					X
6	Does the organization have members or stockholders?			6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	rs			v
	of the governing body?			7a		$\frac{x}{x}$
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	1			
_	the year by the following:			0-	>	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	v
9a	Does the organization have local chapters, branches, or affiliates?			<u>9a</u>		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such			O.		
10	affiliates, and branches to ensure their operations are consistent with those of the organization?			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All o			10	X	
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10	^	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be			11		X
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies			11		
360	tion B. Policies				Yes	NI-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	162	No X
_	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aiv		12a		
b	rise to conflicts?	uiu giv	· C	12b		
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voc "				
С	described in Oak adula O have this is deep			12c		
13	Does the organization have a written whistleblower policy?					X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	al hv				
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	-	rision:			
а	The organization's CEO, Executive Director, or top management official?			15a		X
b	Other officers or key employees of the organization?			15b		X
-	Describe the process in Schedule O. (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement				
. • •	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate				
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to si		ırd			
	the organization's exempt status with respect to such arrangements?	_		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-	Г (501	(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.	•				
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	ct of interest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the			
	organization: ► MEG NUGENT 4805 PARK A					
_NZ	*			615-29	8-8	060

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(0	C) _			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Or director		k all	Highest compensated employee	pply Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
4805 PARK AV PRESIDENT	10		x				0	0	
4805 PARK AV VP	10		X				0	0	ı
4805 PARK AV SECRETARY	10		x				0	0	
4805 PARK ATTREASURER	10		x				0	0	
4805 PARK AV	40		X				0	0	
4805 PARK AV PAST PRES	Æ, #211 0					X	0	0	

(A) Name and title	(B) Average	Posi	ition	(chec	C) k all	that a	applv	(D) Reportable	(E) Reportable	(F) Estimated
ivanie and title	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1b Total			<u></u>	<u></u>	<u></u>	<u></u>	>			
2 Total number of indivorganization ► 0	viduals (including those ii	n 1a)	who	o rec	eive	d m	ore t	than \$100,000 in reportabl	e compensation from the	
 employee on line 1a For any individual lis the organization and individual Did any person listed 	? If "Yes," complete Sche sted on line 1a, is the sum I related organizations gro d on line 1a receive or ac	edule of reater	e J fo epor tha 	or su table n \$1 	ch ir e coi 50,0 satio	ndivid mper 00? on fro	dual nsat If "Y 	any unrelated organization	on from for such	
Section B. Independent 1 Complete this table f		nens	ated	Linde	ener	iden	t cor	ntractors that received mo	re than \$100 000 of	
compensation from t	the organization. (A) Name and business address						T		(B) otion of services	(C) Compensation
	Name and business address							Descrip	otion of services	Compensation
2 Total number of inde compensation from t	· ·	ludin	ig th	ose	ın 1)	who	rec	eived more than \$100,000) in	0

Pa	rt V	III Statement of Rev	venu	ıe		9			(B)		(0)	1	
						Total r	A) evenue	Rela	(B) ated or	U	(C) nrelated		(D) Revenue
								fur	empt nction venue	b	evenue	ur	cluded from tax nder sections 2, 513, or 514
ants	1a	Federated campaigns	1a										
nor		Membership dues	1b										
fts, r ar	С	Fundraising events	1c										
igi,		Related organizations	1d										
sin	е	Government grants (contributions)	1e		36,900								
utic	f	All other contributions, gifts, grants,		_									
trib		and similar amounts not included above			46,962								
Son		Noncash contributions included in lines					02 060						
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a–1f					83,862						
/en	2a				Busn. Code)							
Re	2a b												
ice	C	• • • • • • • • • • • • • • • • • • • •											
èrv	d	• • • • • • • • • • • • • • • • • • • •											
E	u _												
gra	f	All other program service rev											
Pro		Total. Add lines 2a–2f											
		Investment income (includin											
		other similar amounts)	9		•		1,292						1,292
	4	Income from investment of t	ax-ex	empt bond i	oroceeds		,						
		Royalties											
		(i) Real			ersonal								
	6a	Gross Rents											
	b	Less: rental exps.											
	С	Rental inc. or (loss)											
		Net rental income or (loss) .			🕨								
	/a	Gross amount from sales of assets (i) Securit	ies	(ii)	Other								
		other than inventory											
	b	Less: cost or other											
		basis & sales exps.											
		Gain or (loss)											
		Net gain or (loss)		· · <u>· · · · · · · · · · · · · · · · · </u>	>								
<u>o</u>	8a	Gross income from fundraising e											
ň		(not including \$											
eve		of contributions reported on line											
r R		See Part IV, line 18		a									
Other Revenu		Less: direct expenses		b									
0		Net income or (loss) from fu		sing events	<u>P</u>								
	эa	Gross income from gaming activ								l			
	h	See Part IV, line 19 Less: direct expenses		а b		1							
		Net income or (loss) from ga		~	<u> </u>								
		Gross sales of inventory, les	_	activities									
	Ioa	waterway and allowers		а									
	b	Less: cost of goods sold		b									
		Net income or (loss) from sa			•								
		Miscellaneous Reven		ver.kery .	Busn. Code)							
	11a	SPECIAL EVENT				1	28,415		28,415				
	b						· · · · · · · · · · · · · · · · · · ·		<u> </u>				
	С												
	d	All other revenue											
		Total Addison 11s 11d					28,415						
		Total Revenue. Add lines 1											
		9c, 10c, and 11e			>	4	13,569		28,415		0)	1,292

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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	223,180	223,180		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	. , , ,				
b	Legal				
c	Accounting	2,300		2,300	
d	•	2,300		2,300	
e		7			
	<u> </u>	I			
f	Investment management fees	5,117		5,117	
g	Other	5,117		5,117	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	4 44			
16	Occupancy	6,325	6,325		
17	Travel	31	31		
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	8,133		8,133	
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.				
а	BOOKS	36,857	36,857		
b	COMPUTER	19,222	19,222		,
c	MARKETING	10,459	10,459		
d	INSURANCE	8,834	8,834		
e	OFFICE SUPPLIES	5,782	5,782		
f	All other expenses	15,771	15,771		
25	Total functional expenses. Add lines 1 through 24		326,461	15,550	
26	Joint Costs. Check here if following	Jaz, UII	J20, 401	13,330	
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

	art /	Balance Sneet								
					(A) Beginning of year			(B) End of		
	1	Cash—non-interest bearing			13,578	1	<u> </u>		2,2	295
	2	Savings and temporary cash investments			128,559			21	.5,	
	3	Pladges and grants receivable, not			120,333	3			, .	<u>, , , , , , , , , , , , , , , , , , , </u>
	4	Pledges and grants receivable, net Accounts receivable, net				4				
		Receivables from current and former officers, directors,				4				
	5		0 1 1 1 1			_				
		employees, or other related parties. Complete Part II of				5				
	6	Receivables from other disqualified persons (as defined								
		4958(f)(1)) and persons described in section 4958(c)(3)				_				
'n	_	Part II of Schedule L				7				
et	7	Notes and loans receivable, net				 				
Assets	8	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis				8			1 '	200
⋖	9	Prepaid expenses and deterred charges		E 000		9			1,2	<u> 200</u>
		Land, buildings, and equipment: cost basis	10a /	5,692	-					
	b	Less: accumulated depreciation. Complete		1 (24	10 020			1) E (
		Part VI of Schedule D		1,634	18,838			_	4,2	<u> </u>
	11	Investments—publicly traded securities				11				
	12	Investments—other securities. See Part IV, line 11				12				
	13	Investments—program-related. See Part IV, line 11				13				
	14	Intangible assets				14			4 /	200
	15	Other assets. See Part IV, line 11			1.60 075	15			1,2	
	16	Total assets. Add lines 1 through 15 (must equal line 34			160,975			23	33,	
	17	Accounts payable and accrued expenses		17			1,	134		
	18	Grants payable			18					
S	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities			20	-				
ţį	21	Escrow account liability. Complete Part IV of Schedule I		21						
Liabilities	22	Payables to current and former officers, directors, truste								
<u>a</u>	employees, highest compensated employees, and disqualified									
_						22				
	23	Secured mortgages and notes payable to unrelated third				23				
	24	Unsecured notes and loans payable				24				
	25	Other liabilities. Complete Part X of Schedule D				25			4	4 3 4
-0	26	Total liabilities. Add lines 17 through 25				26			1,4	134
or Fund Balances		Organizations that follow SFAS 117, check he	and							
<u>a</u>		complete lines 27 through 29, and lines 33 and 34.			160 075					- ~ -
Ba	27	Unrestricted net assets			160,975			23	32,	533
-	28	Temporarily restricted net assets				28				
ᆵ	29	Permanently restricted net assets	· ; · · · · · · · · · · · ·			29				
L		Organizations that do not follow SFAS 117, check he	e ▶e							
		and complete lines 30 through 34.								
Assets	30	Capital stock or trust principal, or current funds				30				
SS	31	Paid-in or capital surplus, or land, building, or equipment				31	-			
	32	Retained earnings, endowment, accumulated income, o	r other funds		1.60.000	32				
<u>et</u>	33				160,975	33			32,	
Ž	34	Total liabilities and net assets/fund balances			160,975	34		23	33,	<u> 96'</u>
<u> </u>	art)	Financial Statements and Reporting								
									Yes	No
1		counting method used to prepare the Form 990: X Ca	ш		ther			_		
28		ere the organization's financial statements compiled or rev			ountant?			2a	7.	X
b		ere the organization's financial statements audited by an i	•					2b	X	
C		Yes" to lines 2a or 2b, does the organization have a comr		-	-					
		e audit, review, or compilation of its financial statements a						2c	X	
38		a result of a federal award, was the organization required	d to undergo an audit	or audits	as set torth in					••
								3a		X
b) If "	Yes," did the organization undergo the required audit or a	udits?					3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization NASHVILLE ADULT LITERACY COUNCIL, TNC

Employer identification number 58-1488230

			<u> </u>															50	7-7/	702	, 		
P	art I	Reas	on for Pu	ıblic (Charit	y Sta	atus	(All	orga	ınizati	ions	s mus	t con	np	lete th	nis par	t.) (se	ee ins	truction	ons)			
The	o <u>rg</u> a	nization is not	a private fo	undatio	n becau	use it	is: (Pl	ease	check	only o	ne o	rganiza	ation.)										
1	Ш	A church, co	nvention of	churche	es, or as	socia	tion o	f chur	ches	describ	ed ii	n secti	on 170)(b)(1)(A)(i).							
2	Ш	A school des	cribed in se	ction 1	70(b)(1))(A)(i). (Att	tach S	chedu	ule E.)													
3		A hospital or	a cooperati	ve hosp	oital serv	ice o	rganiz	zation	descr	ribed in	sec	tion 17	'0(b)(1)(A	(/	Attach S	chedul	e H.)					
4		A medical re	search orga	nization	operate	ed in	conjui	nction	with a	a hospi	tal d	escribe	d in se	ect	ion 170	(b)(1)(A	A)(iii). E	Enter the	e hospi	tal's na	ame,		
	_	city, and stat	e:																				
5	П	An organizat	ion operated	d for the	benefit	of a	colleg	e or u	nivers	sity owr	ned o	or oper	ated by	y a	govern	mental ı	unit des	cribed	in				•
	_	section 170	=				Ū			•		•		•	Ü								
6		A federal, sta	. , , , , , ,	` '		,	nmen	ntal un	it des	cribed i	in se	ction	170(b)	(1)	(A)(v).								
7	X	An organizat		-		-										or from t	he gen	eral pul	olic				
•		described in		-						очрро.		u go					90	o.a. pa	00				
8	П	A community								nnlete l	Dart	II)											
9	Н	-											n cont	rihi	ıtione r	nember	shin fo	hne sa	arnee				
3	Ш	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its																					
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses																					
		acquired by t	-													iax) IIOI	ii busiii	C33C3					
10	П		_													4) (000	inetrue	tiona)					
10	Н	An organizat	_					-				-											
11	Ш	An organizat	_					-									-		ion				
		purposes of		-			-												1011				
		509(a)(3). Ch				the t		_						ete									
_		a Type I b Type II c Type III—Functionally Integrated d Type III—Other																					
е	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified																					
		persons other than foundation managers and other than one or more publicly supported organizations described in section																					
		509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting																					
f		-			itten dei	termir	ation	from 1	tne IH	(S that	IT IS a	атуре	i, i ype	e II	, or Typ	e III sup	porting	l					
		organization,												٠.;								. Ш	
g		Since Augus		nas the	organiz	ation	accep	oted ar	ny gift	or con	itribu	tion fro	m any	of	the								
		following per																				1	_
		(i) A persor		-	-					_		ith per	sons d	les	cribed ii	רוו) ר					Yes	No	_
			below, the g						-	nization	?									11g(i)			_
		(ii) A family																		11g(ii)			_
		(iii) A 35% c		•	•			٠,	. ,											11g(iii			_
h		Provide the	following inf	ormatio	n about	the o	rganiz	zations	s the	organiz	atior	n suppo	orts.										
(i)	Name	e of supported	(i	i) EIN			(iii) Ty	pe of c	organiz	zation	(i	v) Is the o	rganizati	ion	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount o	f	
	org	anization						ribed o				col. (i) li	-		•	nization in		tion in col.		supp	ort		
								e or IR instru			9	overning	aocumen	1[?		of your oort?		ized in the S.?					
							(,,		Yes	No		Yes	No	Yes	No					
																							-
																							-
											\dashv												-
						1					\dashv												-
																							_
																							_
Tota	al															1	1						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5. 7, or 8 of Part I.)

Sec	tion A. Public Support				,		
Cal	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	167,023	184,104	256,151	288,980	383,608	1,279,866
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 1-3	167,023	184,104	256,151	288,980	383,608	1,279,866
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						1,279,866
	tion B. Total Support	(1) 0004	(1.) 0005	(1) 0000	(1) 0007	(1) 0000	(O. T.)
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends.	167,023	184,104	256,151	288,980	383,608	1,279,866
0	payments received on securities loans, rents, royalties and income from similar sources	738	1,037	3,704	3,633	1,292	10,404
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 IV.)						
11	Total support. Add lines 7 through 10						1,290,270
12	Gross receipts from related activities, etc	. (see instructions)			12	
13	First five years. If the Form 990 is for the						▶ □
Sec	organization, check this box and stop he tion C. Computation of Public S	Support Perce	entage				
<u>000</u> 14	Public support percentage for 2008 (line	6 column (f) divid	ed by line 11 colu	mn (f))		14	99.1937 %
15	Public support percentage from 2007 Sch	nedule A, Part IV-A	A, line 26f	(*//		15	98.9900 %
16a	33 1/3 % support test—2008. If the orga	ınization did not ch	neck the box on lin	ne 13, and line 14	is 33 1/3 % or moi	re, check this box	
	and stop here. The organization qualifies	s as a publicly sup	ported organization	on			▶ 🗓
b	33 1/3 % support test—2007. If the orga	ınization did not ch	neck a box on line	13 or 16a, and lin	e 15 is 33 1/3 % o	r more, check this	
	box and stop here. The organization qua						▶ ∐
17a	10%-facts-and-circumstances test—20	_					
	more, and if the organization meets the "f				•		▶ □
L	organization meets the "facts-and-circum						▶ ⊔
b	10%-facts-and-circumstances test—20 more, and if the organization meets the "f	_					UI
	organization meets the "facts-and-circum				-		▶ □
18	Private foundation. If the organization d						······
	The state of the s						······

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	etion A. Public Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			•			
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1					
С	Add lines 10a and 10b						
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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1		1		
14	First five years. If the Form 990 is for the	_	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop her						<u></u> ▶ ∐
	ction C. Computation of Public S						
15	Public support percentage for 2008 (line 8	3, column (f) divic	ded by line 13, col	umn (f))		15	%
16	Public support percentage from 2007 Sch	edule A, Part IV-	A, line 27g				%
	ction D. Computation of Investm					1 1	
17	Investment income percentage for 2008 (line 10c, column	(t) divided by line				%
18	Investment income percentage from 2007		•				%
19a	33 1/3 % support tests—2008. If the org						▶ □
b	17 is not more than 33 1/3 %, check this to 33 1/3 % support tests—2007. If the org						▶ ⊔
	line 18 is not more than 33 1/3 %, check t	-	•	•		•	▶ 🏻
20	Private foundation If the organization di	d not check a ho	x on line 14 19a d	r 19h check this	hav and see instru	ıctions	▶

Schedule A (Fe	orm 990 or 990-EZ) 200	8 NASHVILI	LE ADULT	LITERACY	COUNCIL,	58-1488230	Page 4
Part IV	Supplemental In Part II, line 17a o	formation. Cor or 17b; or Part I	mplete this p II, line 12. P	art to provide to rovide any other	the explanation er additional inf	required by Part II, lir ormation. (see instruc	ne 10; ctions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization **Employer identification number** NASHVILLE ADULT LITERACY COUNCIL, INC. 58-1488230 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held 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 Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c **d** Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶_ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year _ _ _ _ _ _ _ _ _ Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$______ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

	ort III Organizations Maintainir							r Asse	ets (co		ued)
3	Using the organization's accession and other items (check all that apply):	Y	•		_				`		,
а	Public exhibition	d Loan	or exchange progran	ns							
b	Scholarly research	e 🔲 Other									
С	Preservation for future generations										
4	Provide a description of the organization's or Part XIV.	collections and explain how	w they further the org	ganizatio	n's exempt	purpos	se in				
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as part of	of the organization's	collection	າ?				Yes		No
Pa	ert IV Trust, Escrow and Custo					wered	l "Ye	s" to F	orm 9	90,	
	Part IV, line 9, or reported										
1a	Is the organization an agent, trustee, custoo										
	included on Form 990, Part X?							. Ш'	Yes		No
b	If "Yes," explain the arrangement in Part XI	V and complete the followi	ng table:			г	-				
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on l	Form 990, Part X, line 21?	· · · · · · · · · · · · · · · · · · ·					. Ш'	Yes		No
	If "Yes," explain the arrangement in Part XI	<u>V. </u>	1.00.1	=	222		13 / 11	4.0			
Pa	irt V Endowment Funds. Com										
		(a) Current year	(b) Prior year	(C) I WO	years back	(a) Inr	ee yea	irs back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
g											
2	Provide the estimated percentage of the ye										
a	· -										
	Permanent endowment ▶%										
	Term endowment ▶ %										
за	Are there endowment funds not in the poss	ession of the organization	that are held and ad	lminister	ed for the					V	
	organization by:								0 - (1)	Yes	NO
	(i) unrelated organizations								3a(i)		
	(ii) related organizations If "Yes" to 3a(ii), are the related organization	and links of an engine of an Or	-ll- l - DO						3a(ii)		
_		•							3b		
4 Da	Describe in Part XIV the intended uses of the lart VI Investments—Land, Buil			aan D	art V line	2 10					
Fa	Description of investment	(a) Cost or other basis	(b) Cost or oth			preciatio	n		(d) Book	value	
	Description of investment	(investment)	basis (other)		(C) De	precialio	""		(u) Door	value	
10	Land	· , , , , , , , , , , , , , , , , , , ,	345.5 (51.101)								
ld h	Land										
D	Buildings										
	Leasehold improvements										
	Equipment Other		75	892		61,	63/	1	-	14 '	258
	I. Add lines 1a-1e. (Column (d) should equa						<u> </u>	-			258 258
	(-) (-)	, ,	. ,, -\-', ,		<u> </u>						

Schedule D (Form 990) 2008

Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	00 Dort V line 10	
Part VIII Investments—Program Related. See Form 9 (a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(b) book value	Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		▶
Part X Other Liabilities. See Form 990, Part X, line 2		·
(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

*******	dule D (Form 990) 2008 NASHVILLE ADULT LITERACY C			0	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	413,569
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	342,011
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	71,558
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	054
8	Other (Describe in Part XIV)			8	-254
9	Total adjustments (net). Add lines 4-8			9	-254 71 204
10 Da	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Sta			10 Poturn	71,304
				neturii	413,315
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	413,313
2		2a			
b	Net unrealized gains on investments Donated services and use of facilities	2b			
-	Pocoverice of prior year grapts	2c			
d	Recoveries of prior year grants Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	413,315
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)		254		
С	Add lines 4a and 4b			4c	254
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			5	413,569
Pa	rt XIII Reconciliation of Expenses per Audited Financial St		ith Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	342,011
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Losses reported on Form 990, Part IX, line 25				
	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	342,011
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	342,011
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 rt XIV Supplemental Information	.)		5	342,011
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III. linos 1s and	N 4: Port IV lines 1h		
	the descriptions required for Fart N, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d; Part X, Part XII, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b;		14, Fait IV, illies ID		
	PART XI, LINE 8 - RECONCILATION OF CHANGE		HER		
_		<u> </u>			
_1	ROUNDING ADJUSTMENT			_\$	254
_					
_1	PART XII, LINE 4B - REVENUE AMOUNTS INC	PODED ON	_ RETURNC)THER	
_ 1	ROUNDING ADJUSTMENT			_\$	254
_			_ 		
_					
_					

Schedule D (F	orm 990)	2008	NA:	SHVI	LLE	AD	ULT	LI	TER	\mathbf{ACY}	\mathbf{C}	OUN	${ t CIL}$	١,	58-	-148	882	30					Pa	age 5
Schedule D (F Part XIV	laguS	emer	ntal li	nform	ation	(cont	tinued)							•										
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NASHVILLE ADULT LITERACY COUNCIL, INC.

Questions Regarding Compensation

Employer identification number 58–1488230

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: X **a** Receive a severance payment or change of control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? **b** Any related organization? X If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
4805 PARK AVE, #211			0		0	0	
\(\frac{1}{2}\)	<u>'</u>		0	0	0	0	0
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 NASHVILLE ADULT LITERACY COUNCIL,	58-1488230	Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a for any additional information.	a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part	
•••••		
••••••		
• • • • • • • • • • • • • • • • • • • •		

DAA

Schedule J (Form 990) 2008

SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization NASHVILLE ADULT LITERACY COUNCIL, INC.

Employer identification number 58–1488230

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM S	₹90
A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND 990 WERE REVIEWED BY THE	•
ORGANIZATION'S TREASURER AND EXECUTIVE DIRECTOR BEFORE FINALIZATION. UPO	Ņ
ISSUANCE THE AUDITED FINANCIALS AND 990 WERE POSTED WITH GIVING MATTERS,	
WHICH PROVIDES ACCESS OF THE ORGANIZATIONS AUDITED FINANCIALS AND 990 TO	
THE GENERAL PUBLIC VIA THE INTERNET.	
	•

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. ► Attach to your tax return. NASHVILLE ADULT LITERACY COUNCIL, INC.

Identifying number 58-1488230

	ess or activity to which this form relates							·		
NAMES OF THE PERSONS	rt I Election To Expension Note: If you have	nse Certain Pro				vou c	omplete	e Part I.		
1	Maximum amount. See the instru								1	250,000
2	Total cost of section 179 property	placed in service (se	ee instructions)						2	
3	Threshold cost of section 179 pro	perty before reduction	on in limitation (se	e instruc	ctions)				3	800,000
4	Reduction in limitation. Subtract li	ne 3 from line 2. If ze	ero or less, enter	-0-	-,				4	
5	Dollar limitation for tax year. Subtract I								5	
	(a) Description		•		(business us			lected cost		
6										
7	Listed property. Enter the amount	from line 29				7				
8	Total elected cost of section 179	property. Add amour	nts in column (c),	lines 6 a	nd 7				8	
9	Tentative deduction. Enter the sn								9	
10	Carryover of disallowed deduction	n from line 13 of your	2007 Form 4562	!					10	
11	Business income limitation. Enter	the smaller of busin	ess income (not le	ess than	zero) or line	e 5 (se	e instructi	ons)	11	
12	Section 179 expense deduction.	Add lines 9 and 10, b	out do not enter m	ore than	line 11	<u></u>			12	
13	Carryover of disallowed deduction	n to 2009. Add lines	9 and 10, less line	12	>	13				
Note	: Do not use Part II or Part III belov	w for listed property.	Instead, use Part	V.						
Pε	rt II Special Depreciat	tion Allowance	and Other De	precia	ation (Do	not	include	listed pr	ope	rty.) (See instructions.
14	Special depreciation allowance for	r qualified property (other than listed p	property)	placed in s	ervice				
	during the tax year (see instructio								14	
15	Property subject to section 168(f)	(1) election							15	
16	Other depreciation (including ACF	RS)		<u></u>					16	8,133
Pa	rt III MACRS Deprecia	tion (Do not inc			.) (See in	struc	tions.)			
				ion A						
17	MACRS deductions for assets pla							. 🗆 🗈	17	0
18	If you are electing to group any assets									
	Section B—As	sets Placed in Serv					eral Depr	eciation S	syste	<u>m</u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investn only–see instruc	reciation nent use ctions)	(d) Recovery period	(e) (Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yrs.			S/L		
h	Residential rental				27.5 yrs.		MM	S/L		
	property				27.5 yrs.	-	MM	S/L		
i	Nonresidential real				39 yrs.	†	MM	S/L		
	property		<u> </u>				MM	S/L		
		ets Placed in Servi	ce During 2008 T	ax Year	Using the	Altern	ative Dep		Syst	em
	Class life	4						S/L		
	12-year				12 yrs.			S/L		
	40-year	- h 1!			40 yrs.		MM	S/L		
	rt IV Summary (See in							Г		
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12,	_							_	0.400
	Enter here and on the appropriate	-	•	d S corpo	orations—se	ee inst	<u>r</u>		22	8,133
23	For assets shown above and place	_								
	enter the portion of the basis attril	butable to section 26	3A costs			23				

Form 99	Λ Ι	Special Events Schedule				2008
Form 99	U	For calendar year 2008, or tax year beginning		7/01/08 , and ending 6/30/09		2000
Name NASHVTT	T.E. AT	OULT LITERACY (COUNCIT.		Employer Ide	entification Number
INC.		John Hilliam Goomern,		58-148		8230
		(A)	(B)	(C)	Others	Total
Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss)		31,288	0	0	0	31,288
		0	0	0	0	21 000
		31,288	0 -	0 -	0 0	31,288
		2,873 28,415	0			2,873 28,415
		28,413			_ _	20,413
Description:	(A) (B) (C)	SPECIAL EVEN				
	Others					
