

From:

04/01/2013 10:28

#047 P.002/018

### Filing Instructions

<b>Prepared for:</b> CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL 430 GREENWOOD AVENUE CLARKSVILLE, TN 37040	<b>Prepared by:</b> RITTER TAX & ACCOUNTING SERVICES, CPA 1820 MEMORIAL DR., STE 201 CLARKSVILLE, TN 37043
<b>2011 FORM 990-EZ</b>  <b>ELECTRONIC FILING:</b>  THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2012.	



#047 P.018/018

Form 8879-EO (2011)

From:

04/01/2013 10:28

#047 P.003/018

RITTER TAX & ACCOUNTING SERVICES, CPA  
1820 MEMORIAL DRIVE, SUITE 201  
CLARKSVILLE, TN 37043  
931-647-5592

AUGUST 20, 2012

CLARKSVILLE-MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL  
430 GREENWOOD AVENUE  
CLARKSVILLE, TN 37040

CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU  
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,  
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE  
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO  
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY  
NOVEMBER 15, 2012.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY, KAREN RITTER, CPA



RITTER TAX & ACCOUNTING SERVICES, CPA



From:

04/01/2013 10:28

#047 P.004/018

Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		2011
Form 990-EZ		Open to Public Inspection
<p>Department of the Treasury Internal Revenue Service</p> <p>▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements.</p>		
<p><b>A</b> For the 2011 calendar year, or tax year beginning <b>JUL 1, 2011</b> and ending <b>JUN 30, 2012</b></p>		
<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending</p>		
<p><b>C</b> Name of organization <b>CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  <b>430 GREENWOOD AVENUE</b></p> <p>City or town, state or country, and ZIP + 4  <b>CLARKSVILLE, TN 37040</b></p>		<p><b>D</b> Employer identification number <b>62-1249879</b></p> <p><b>E</b> Telephone number <b>931-648-5650</b></p> <p><b>F</b> Group Exemption Number</p>
<p><b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>		<p><b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B</p>
<p><b>I</b> Website: ▶ <b>N/A</b></p>		
<p><b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 (Form 990, 990-EZ, or 990-PF).</p>		
<p><b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.</p>		
<p><b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>39,735.</b></p>		
<p><b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)</p>		
<p>Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/></p>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 39,705.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income SEE SCHEDULE O	4 30.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	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 39,735.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11 33,088.
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 700.
	14 Occupancy, rent, utilities, and maintenance	14 6,000.
	15 Printing, publications, postage, and shipping	15 100.
	16 Other expenses (describe in Schedule O)	16
17 Total expenses. Add lines 10 through 16	17 39,888.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -15.
	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 15,440.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 15,287.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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08020820 759679 ADULT

2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_\_1

From:

04/01/2013 10:28

#047 P.005/018

<b>990</b>	<b>EZ-6</b>	<b>Form 990-EZ - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES</b>	<b>2011</b>
Client Code <u>adult</u>		Form <u>-0130</u> Sheet <u>1</u>	
Taxpayer Name <u>CLARKSVILLE-MONTGOMERY COUNTY ADULT LITE</u>			
<b>List of Officers, Directors, Trustees and Key Employees</b>			
	Name	Title	Hours Per Week Devoted to Position
A	30 <u>SONIA WELKER</u>	31 <u>PRESIDENT</u>	32 <u>5.00</u>
B	33 <u>ANDRE TODD</u>	34 <u>TREASURER</u>	35 <u>3.00</u>
C	36 <u>BETTY COOK</u>	37 <u>SECRETARY</u>	38 <u>3.00</u>
D	39 <u>VELMA JO WILLIAMS</u>	40 <u>DIRECTOR</u>	41 <u>20.00</u>
E	42 _____	43 _____	44 _____
F	45 _____	46 _____	47 _____
G	48 _____	49 _____	50 _____
H	51 _____	52 _____	53 _____
I	54 _____	55 _____	56 _____
J	57 _____	58 _____	59 _____
K	60 _____	61 _____	62 _____

  

Street Address	City	State	ZIP Code	Foreign Province	FC Code
A 70 <u>430 GREENWOOD AVENUE</u>	71 <u>CLARKSVILLE</u>	72 <u>TN</u>	73 <u>37040</u>	74 _____	75 _____
B 76 <u>430 GREENWOOD AVENUE</u>	77 <u>CLARKSVILLE</u>	78 <u>TN</u>	79 <u>37040</u>	80 _____	81 _____
C 82 <u>430 GREENWOOD AVENUE</u>	83 <u>CLARKSVILLE</u>	84 <u>TN</u>	85 <u>37040</u>	86 _____	87 _____
D 88 <u>430 GREENWOOD AVENUE</u>	89 <u>CLARKSVILLE</u>	90 <u>TN</u>	91 <u>37040</u>	92 _____	93 _____
E 94 _____	95 _____	96 _____	97 _____	98 _____	99 _____
F 100 _____	101 _____	102 _____	103 _____	104 _____	105 _____
G 106 _____	107 _____	108 _____	109 _____	110 _____	111 _____
H 112 _____	113 _____	114 _____	115 _____	116 _____	117 _____
I 118 _____	119 _____	120 _____	121 _____	122 _____	123 _____
J 124 _____	125 _____	126 _____	127 _____	128 _____	129 _____
K 130 _____	131 _____	132 _____	133 _____	134 _____	135 _____

  

Reportable + Compensation (Form W-2/1099 MIS)	Health Benefits, Contributions to Employee Benefit Plans, and Deferred Compensation	Estimated Amount of Other Compensation	State Use	State Use 2	Sort No.	Pro Forma Code	State Compensation
A 150 _____	151 _____	152 _____	153 _____	154 _____	155 _____	156 _____	157 _____
B 158 _____	159 _____	160 _____	161 _____	162 _____	163 _____	164 _____	165 _____
C 166 _____	167 _____	168 _____	169 _____	170 _____	171 _____	172 _____	173 _____
D 174 _____	175 _____	176 _____	177 _____	178 _____	179 _____	180 _____	181 _____
E 182 _____	183 _____	184 _____	185 _____	186 _____	187 _____	188 _____	189 _____
F 190 _____	191 _____	192 _____	193 _____	194 _____	195 _____	196 _____	197 _____
G 198 _____	199 _____	200 _____	201 _____	202 _____	203 _____	204 _____	205 _____
H 206 _____	207 _____	208 _____	209 _____	210 _____	211 _____	212 _____	213 _____
I 214 _____	215 _____	216 _____	217 _____	218 _____	219 _____	220 _____	221 _____
J 222 _____	223 _____	224 _____	225 _____	226 _____	227 _____	228 _____	229 _____
K 230 _____	231 _____	232 _____	233 _____	234 _____	235 _____	236 _____	237 _____

  

X if using Option "1" to report compensation of officers, directors, trustees and key employees (see guide) ..... 250 \_\_\_\_\_

Total compensation of officers, directors, trustees and key employees - override (see guide) ..... + 255 \_\_\_\_\_

Reserved ..... 256 \_\_\_\_\_

  

Hash Total: 00 _____	<b>EZ-6</b>
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Form 990-EZ (2011)

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	15,440.	15,287.
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	<b>Total assets</b>	15,440.	15,287.
26	<b>Total liabilities</b> (describe in Schedule O)	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	15,440.	15,287.

### EXPENSES

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

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.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	THE COUNCIL PROMOTES LITERACY BY RECRUITING UNDEREDUCATED ADULTS AND TUTORS INTEREST IN TEACHING THEM.		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 33,088.
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)	<input type="checkbox"/>	32 33,088.

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

[illegible]

From:

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CLARKSVILLE MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL 62-1249879 Page 3  
Form 990-EZ (2011)**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 Sch. O to respond to any question in this Part V ☒ **X**

	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		<input checked="" type="checkbox"/> <b>X</b>
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)		<input checked="" type="checkbox"/> <b>X</b>
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)?		<input checked="" type="checkbox"/> <b>X</b>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/> <b>N/A</b>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/> <b>X</b>
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		<input checked="" type="checkbox"/> <b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/> <b>X</b>
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?	38a	<input checked="" type="checkbox"/> <b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input checked="" type="checkbox"/> <b>N/A</b>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	<input checked="" type="checkbox"/> <b>N/A</b>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input checked="" type="checkbox"/> <b>N/A</b>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input checked="" type="checkbox"/> 0.; section 4912 <input checked="" type="checkbox"/> 0.; section 4955 <input checked="" type="checkbox"/> 0.		
b Section 501(c)(3) and 501(c)(4) 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	40b	<input checked="" type="checkbox"/> <b>X</b>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input checked="" type="checkbox"/> <b>0.</b>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		<input checked="" type="checkbox"/> <b>0.</b>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/> <b>X</b>
41 List the states with which a copy of this return is filed.		<input checked="" type="checkbox"/> <b>NONE</b>
42a The organization's books are in care of <input checked="" type="checkbox"/> <b>DR. STEVEN ROUTLEDGE</b> Telephone no. <input checked="" type="checkbox"/> <b>931-648-8826</b> Located at <input checked="" type="checkbox"/> <b>430 GREENWOOD AVENUE, CLARKSVILLE, TN</b> ZIP + 4 <input checked="" type="checkbox"/> <b>37040</b>		
b 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: <input checked="" type="checkbox"/>	42b	<input checked="" type="checkbox"/> <b>X</b>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input checked="" type="checkbox"/>	42c	<input checked="" type="checkbox"/> <b>X</b>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> <b>43</b> <input checked="" type="checkbox"/> <b>N/A</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/> <b>X</b>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/> <b>X</b>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/> <b>X</b>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/> <b>X</b>
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)	45b	

Form 990-EZ (2011)

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From:

04/01/2013 10:30

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CLARKSVILLE NTGOMERY COUNTY ADULT  
LITERACY COUNCIL

62-1249879

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

If "Yes," complete Schedule C, Part I

46

X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

Yes No

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

47

X

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

48

X

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

49a

X

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

49b

X

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 and 4947(a)(1) nonexempt charitable trusts 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

Date

DR. STEVEN ROUTLEDGE, TREASURER

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

KAREN RITTER, CPA

08/20/12

P01200994

Firm's name ▶ RITTER TAX &amp; ACCOUNTING SERVICES, CPA

Firm's EIN ▶ 26-3970099

Firm's address ▶ 1820 MEMORIAL DR., STE 201

Phone no. (931) 647-5592

CLARKSVILLE, TN 37043

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

☒ Yes ☐ No

Form 990-EZ (2011)

132174  
02-06-12

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2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_\_1

#047 P.009/018

## 2011

Open to Public  
Inspection

Employer identification number	62-1249879
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	Yes	No
i)		
ii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_\_1



From:

04/01/2013 10:30

#047 P.010/018

Schedule A (Form 990 or 990-EZ) 2011

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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total <sup>1</sup>
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 IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

132022  
01-24-12



From:

04/01/2013 10:31

#047 P.011/018

## CLARKSVILLE-MONTGOMERY COUNTY ADULT

Schedule A (Form 990 or 990-EZ) 2011 LITERACY COUNCIL

62-1249879 Page 3

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,650.	33,740.	37,538.	44,337.	39,705.	187,970.
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 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	32,650.	33,740.	37,538.	44,337.	39,705.	187,970.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 <b>Public support</b> (Subtract line 7c from line 6.)						187,970.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	32,650.	33,740.	37,538.	44,337.	39,705.	187,970.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38.	58.	83.	80.	30.	289.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	38.	58.	83.	80.	30.	289.
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 <b>Total support</b> (Add lines 9, 10c, 11, and 12.)	32,688.	33,798.	37,621.	44,417.	39,735.	188,259.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.80 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.15 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.20 %

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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Schedule A (Form 990 or 990-EZ) 2011

From:

04/01/2013 10:31

#047 P.012/018

**Schedule B**

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL

Employer identification number

62-1249879

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

From:

04/01/2013 10:31

#047 P.013/018

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page **2**

Name of organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL

Employer identification number:

62-1249879

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF CLARKSVILLE MADISON STREET CLARKSVILLE, TN 37040	\$ 26,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

123452 01-23-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

9

08020820 759679 ADULT

2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_\_1



From:

04/01/2013 10:31

#047 P.014/018

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page **3**

Name of organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL

Employer identification number

62-1249879

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

123453 01-23-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

10

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2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_1

From:

04/01/2013 10:32

#047 P.015/018

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page **4**

Name of organization <b>CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL</b>	Employer identification number <b>62-1249879</b>
-------------------------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

123454 01-23-12

Schedule B (Form 990, 990-EZ, or 990-PF) 2011)

11

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2011.03060 CLARKSVILLE-MONTGOMERY COUN ADULT\_1

From:

04/01/2013 10:32

#047 P.016/018

2011 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Use No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FULLY DEPRECIATED											
1	ASSETS	010197SL		5.00	16	26,390.			26,390.	26,390.		0.
2	FILE CABINET - 4	091697SL		7.00	16	122.			122.	122.		0.
3	DRAWER	112597SL		7.00	16	234.			234.	234.		0.
4	TABLETOP DISPLAY	070198SL		5.00	16	2,148.			2,148.	2,148.		0.
5	COMPUTERS	102898SL		5.00	16	4,400.			4,400.	4,400.		0.
6	SPENT 400 COMPUTERS	102898SL		5.00	16	2,997.			2,997.	2,997.		0.
7	UPGRADE 6 COMPUTERS	102898SL		5.00	16	445.			445.	445.		0.
8	7HP 1100 PRINTERS	051199SL		5.00	16	1,619.			1,619.	1,619.		0.
9	ZOOM MAC G3	111402200DE		5.00	17	19,028.			19,028.	19,028.		0.
	COMPUTER											
	L-100 LEARNING											
	SYSTEM											
	* TOTAL 990-EZ PG 1					57,383.		0.	57,383.	57,383.	0.	0.
	DEPR											

128102  
05-01-11

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization, Deduction

11.1



From:

04/01/2013 10:32

#047 P.017/018

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT  
LITERACY COUNCIL

Employer identification number  
62-1249879

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

30.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ERADICATE ILLITERACY IN  
THE CLARKSVILLE MONTGOMERY COUNTY AREA

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.