04/01/2013 10:28 #047 P.002/018

From:

**Filing Instructions** 

#### Prepared for:

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

### Prepared by:

RITTER TAX & ACCOUNTING SERVICES, CPA 1820 MEMORIAL DR., STE 201 CLARKSVILLE, TN 37043

### 2011 FORM 990-EZ

#### ELECTRONIC FILING:

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.

100061

Form 8879-EO Department of the Treasury Internal Revenue Service	for an Exemp For calendar year 2011, or fiscal year beginning	ture Authorization pt Organization 1,2011, and endingJUN_ RS. Keep for your records. nstructions.	30 20 12	2011
Name of exempt organization			Employer id	dentification number
CLARKSVILLE-M	ONTGOMERY COUNTY ADULT			
LITERACY COUN			62-12	249879
Name and title of officer DR. STEVEN RC TREASURER	2714 - 24-40 - 24-40 - 24-20 - 20 - 4027 -	Delley Oak		
	Return and Return Information (Whol		form the net of	- If we also have
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, b than 1 line in Part I.	irn for which you are using this Form 8879-EO ar ia, below, and the amount on that line for the ret lank (do not enter -0-). But, if you entered -0- on t	turn being filed with this form was the return, then enter -0- on the a	blank, then leave li pplicable line below	ne 1b, 2b, 3b, 4b, or 5b, Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 99	0, Part VIII, column (A), line 12)	1b	20725
2a Form 990-EZ check he	b Total revenue, if any (Form	m 990-EZ, line 9)	2b _	39/35
3a Form 1120-POL check	paragraph ( )	POL, line 22)		
4a Form 990-PF check h	PT-17	t income (Form 990-PF, Part VI, li		
5a Form 8868 check her	b Balance Due (FORM 6000, Fai	ti, mie oc or rait ii, mie ocj		
Part II Declara	tion and Signature Authorization of	Officer		
processing of the electron payment. I have selected organization's consent to Officer's PIN: check one	nan 2 business days prior to the payment (settle nic payment of taxes to receive confidential infor a personal identification number (PIN) as my sig electronic funds withdrawal.	rmation necessary to answer inqu gnature for the organization's elec	irres and resolve iss tronic return and, if	applicable, the
A Jauthonze A	ERO firm nam			Enter five numbers, but do not enter a zeros
is being filed wi enter my PIN o	e on the organization's tax year 2011 electronica th a state agency(ies) regulating charities as par n the return's disclosure consent screen.	t of the IRS Fed/State program, I	also authorize the a	aforementioned ERC to
indicated within	the organization, I will enter my PIN as my signa this return that a copy of the return is being file enter my PIN on the return's disclosure consent	ed with a state agency(ies) regulat screen.	ar 2011 electronical ting charities as part	t of the IRS Fed/State
Part III Certific	ation and Authentication			
	our six-digit electronic filing identification			
number (EFIN) followed b	y your five-digit self-selected PIN.	6275717 do not enter a	all zeros	
I certify that the above no confirm that I am submitt e-file Providers for Busine	umeric entry is my PIN, which is my signature on ing this return in accordance with the requirements ass Returns.	the 2011 electronically filed returns of Pub. 4163, Modernized e-F	rn for the organizati File (MeF) Informatio	on indicated above. I on for Authorized IRS
ERO's signature ▶		Date ▶	08/20/12	
***************************************	ERO Must Retain This Do Not Submit This Form To the	s Form - See Instructions ne IRS Unless Requested		
LHA For Paperwork Re	duction Act Notice, see instructions.			Form <b>8879-EO</b> (2011)
12-01-11		13		

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

		Short Form						OMB No. 1545-1150
		Poture of Organization Exempt	Fro	m In	com	e Ta	×	OMB 140, 1543-1130
	00	O-EZ  Return of Organization Exempt  Under section 501(c), 527, or 4947(a)(1) of the (except black lung benefit fusel or prival  Sponsoring organizations of donor advised funds, organizations that operate o organizations as defined in section 512(0)(13) must file Form 990. All other organization organizations as defined in section 512(0)(13) must file Form 990. All other organizations organizations as defined in section 512(0)(13) must file Form 990. All other organizations	nternal	Revenue	Code			2011
	7	Sponsoring organizations of donor advised funds, organizations that operate o	ne or mor	e hospital f	acilities, and	certain oc	introlling	2 1 2 1 1
Depart	tment o	f the Treasury organizations as defined in section 512(b2/13) must file Form 990. All other organization salests less than \$500,000 at the end of the vex  The organization may have to use a copy of this return to	may use t	his form.	oortina re	auireme	ents.	Open to Public Inspection
		2011 calendar year, or tax year beginning JUL 1, 2011	oution)	and end	ng JT	JN 3	0, 2	012
	neck if							ntification number
L	1	A THE PROPERTY OF THE PROPERTY OF THE PROPERTY AND A DIT	LT					
-	1	THER ACT COMMICTI				6	2-12	49879
-	Initial	At the end street (or B.O. how if mail is not delivered to street address)		F	Room/suite	E Tele	phone nu	mber
posterior	Termin					9	31-6	48-5650
panner	-	Gity or town, state or country, and ZIP + 4				F Gro	up Exemp	tion
property		tion pending CLARKSVILLE, TN 37040				Nur	nber >	
		ting Method: X Cash Accrual Other (specify)				H Che	ck 🕨	if the organization is not
		e: N/A				req	uired to al	tach Schedule B
		emnt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.)	494	7(a)(1) o	52°			90-EZ, or 990-PF).
K C	heck	if the organization is not a section 509(a)(3) supporting organization or a section 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	ion 527	organizat	ion and its	gross re	ceipts are	normally not more than
\$	50.000	D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) r	nay be r	equired (s	ee instruct	tions). B	ut if the or	ganization chooses to file
a	return	he sure to file a complete return.						
1 A	dd line	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 c	r more,	or if total	assets (Pa	rt II,		
li	ne 25.	selvery (B) halow) are \$500,000 or more file Form 990 instead of Form 990-F7					\$	39,735.
	rt I		Bala	nces (	see the inst	ructions	for Part I	.)
Louiseaueu		Check if the organization used Schedule O to respond to any question in this Part I						X
	1	Contributions, gifts, grants, and similar amounts received					1	39,705.
	2	Program service revenue including government fees and contracts					2	The state of the s
Į.	3	Membership dues and assessments					3	
		Investment income SE		CHEDU	JLE O		4	30.
	5a	Gross amount from sale of assets other than inventory	5a					
1		Less: cost or other basis and sales expenses	5b					
9	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	
	6	Gaming and fundraising events						
ø	а	Gross income from gaming (attach Schedule G if greater than	1					•
Revenue		\$15,000)	6a				1	
3ev	b	Gross income from fundraising events (not including \$	of con	tributions				
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such	6b					
		gross income and contributions exceeds \$15,000)	6c				1	
	C	Less: direct expenses from gaming and fundraising events		o 60)			6d	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	7a	16 00)			- 00	
		Gross sales of inventory, less returns and allowances	7b					
	b	Less: cost of goods sold	_				7c	
	100000000000000000000000000000000000000	Other revenue (describe in Schedule 0)					8	
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				•	9	39,735.
	9	Grants and similar amounts paid (list in Schedule 0)					10	
	10	Benefits paid to or for members					11	33,088.
	1	Salaries, other compensation, and employee benefits					12	
Expenses	12	Professional fees and other payments to independent contractors					13	700.
nec	14	Occupancy, rent, utilities, and maintenance					14	6,000.
EX	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.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-150.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
155		(must agree with end-of-year figure reported on prior year's return)					19	15,440.
Vet Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)					20	0.
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20			Name of the last o		21	15,287. Form <b>990-EZ</b> (2011)
		Paperwork Reduction Act Notice, see the separate instructions.						

30	f Officers, Direc	tors, Trustees and Key		ULT LITE	F	orm -01	.30	Sheet	1	
1			Employees						24.16	
1		Name				Title			Hours Pe	
1	SONIA WELKE	3		31 PRES	IDENT				32	5.00
	ANDRE TODD	V.		34 TREA					35	3.00
	BETTY COOK			37 SECR	A STATE OF THE PARTY OF THE PAR				38	3.00
1	VELMA JO WI	LLIAMS		40 DIRE						20.00
1	2			7.4					44 47	
45				-					50	
51									53	
54									56	
57									59	
60	0			61					62	
	^-	eet Address	C	ity	State	ZIP C	ode	Forei	gn Province	FC
					905800					Code
1 000	430 GREENWO		71 CLARK		72 TN 78 TN	73 <u>37040</u> 79 <u>37040</u>		74 80		_ 75 
1	6 430 GREENWO		83 CLARK		84 TN	85 37040				87
	8 430 GREENWO		89 CLARK		90 TN	91 37040				93
94			95		96	97				99
100	0		101		-	103				105
106			107		_	109				- 111 117
113			113			115				123
118			125			127				129
130			131		132	133		134		135
+	Reportable Compensation (Form W-2/1099 MISC)	Health Benefits, Contribution to Employee Benefit Plans, and Deferred Compensation	S Estima	ited Amount of Other opensation	State Use	State Use 2	Sort No.	Pro Forma Code	+ Compen	e sation
150		151	152	фолошол	153	154	155	156	157	
158		159			161	162	163	164	165	
166		167	168		169	170	171	172	173	
174		175			185	185	179	180	181	
18:		183	184		193	194	195	196	197	
19		199			201	202	203	204	205	
201		207			209	_ 210	211	212	213	
21		215			217	218	219	220	221	
1	2	223 231			225	228	227	228	229	
22			-JE							

1			79 Page:
spond to any question (A			process of
(A)	in this Part II		
	Beginning of year	(B) E	nd of year
	15,440.	22	15,287
		23	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		24	
	15,440.	25	15,287.
		26	0.
		27	15,287
nts (see the instruction	ns for Part III.)		penses
spond to any question	in this Part III V		for section
sporta to arry question	ini dia i dit iii 2	001(0)(0)	and 501(c)(4)
)			ons and section ) trusts; optional
services, as measured by expenses	In a clear and concise	for others	
	O DDITO A MDD		
ECRUITING UNDE	REDUCATED	-	
HING THEM.		-	1.0
		_	
grants, check here	<b>▶</b> L	28a	33,088
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grante check here		292	
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grants, check here	<b>&gt;</b>	30a	
		_	
grants, check here		31a	
	· · · · · · · · · · · · · · · · · · ·	32	33,088
Employees. List each one en	en if not compensated. (see	the instructions t	for Part IV.)
spond to any question	n in this Part IV		
	(c) Reportable (d)	Health benefits,	(e) Estimated
per week devoted to	compensation (Forms er	nplovee benefit	amount of othe
position		ns, and deferred	compensation
BOARD CHAIR			
	0	0	C.
The state of the s	0.1	0.	
	_	0	_
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SECRETARY			
3.00	0.	0.	0
TREASURER			
3.00	0.	0.	0
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	1		
	spond to any question  services, as measured by expensess mation for each program title.  ECRUITING UNDE HING THEM.  grants, check here  grants, check here  grants, check here  grants, check here  Employees. List each one expend to any question (b) Title and average hours per week devoted to position  BOARD CHAIR 5.00  VICE CHAIR 3.00  SECRETARY 3.00  TREASURER	Ints (see the instructions for Part III.)  spond to any question in this Part III.  ECRUITING UNDEREDUCATED  HING THEM.  grants, check here  grants, check here   grants, check here  Employees. List each one even if not compensated. (see spond to any question in this per week devoted to position  BOARD CHAHR  5-00  0.  VICE CHAIR  3.00  0.  TREASURER	spond to any question in this Part III X   (Required 501(c)(3) organization for such program title.  ECRUITING UNDEREDUCATED HING THEM.  grants, check here 28a   29a   29a

	CLARKSVILLE NTGOMERY COUNTY ADULT	070		
	990-EZ (2011) LITERACY COUNCIL 62-1249  † V   Other Information (Note the Schedule A and personal benefit contract statement requirement	8/9	ho	Page
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
-			Yes	No
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
o	activity in Schedule O	33		X
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
4	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
5 a		35a		X
	on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
D	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	-		-
C		35c		X
	requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		-
3		36		X
	complete applicable parts of Schedule N  State amount of political expanditures, direct or indirect, as described in the instructions.   37a 0.	30		
	Effet amount of pointed expenditures, silect of manor, as assistant	37b		X
b	Did the organization file Form 1120-POL for this year?	3/0		1
a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00		X
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Δ
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			F
-	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?			1
	If "Yes," complete Schedule L, Part I	40b		X
0	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
U	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization Defends the second secon			
-21	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
ę	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed.   NONE			
1	The organization's books are in care of ▶ DR. STEVEN ROUTLEDGE  Telephone no. ▶ 931 – 64	8-8	826	
a	Located at > 430 GREENWOOD AVENUE, CLARKSVILLE, TN ZIP+4 > 3			and the parties
	LOCATED AT 4 30 GIVENIAMOOD TAVELLOSS, CONTRACTOR OF THE PROPERTY OF THE PROPE	704		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		X
	account)?	420	-	-2
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			_
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			-
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			1	1
			Yes	N
1 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a	_	2
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			1
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		2
4	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
u	in Schedule O	44d		
2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		2
5h	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	VIETNIE CONTRACTOR OF THE PROPERTY OF THE PROP			(20

	CLARKSVILLE NTGOMERY CO	OUNTY ADU	LT		50 40404	0.00		<i>(</i>
orm	1990-EZ (2011) LITERACY COUNCIL				62-12498	3/9		age 4
	No. of the control of			a anadidataa far ar	hlin office?	-	Yes	No
6	Did the organization engage, directly or indirectly, in political campaign activit if "Yes," complete Schedule C, Part I	ties on behalf of or in	opposition t	o candidates for pt	IDIIC Office?	46		Х
Pa	art VI Section 501(c)(3) organizations and section 4	947(a)(1) none	xempt c	haritable tru	sts only. All	section	on 501	(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable	trusts must answe	r questions	47-49b and 52,	and complete t	the ta	bles	
	for lines 50 and 51. Check if the organization used Schedule	e O to respond to a	any questio	on in this Part VI				
					Г		Yes	-
17	Did the organization engage in lobbying activities or have a section 501(h) ele	ection in effect during	the tax year	? If "Yes," complete	Sch. C, Part II	47		X
18	Is the organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Yes,"		E			48		X
19 a	Did the organization make any transfers to an exempt non-charitable related	organization?				49a	-	X
b						49b		L
50	Complete this table for the organization's five highest compensated employee		s, directors,	trustees and key er	nployees) who ea	ich ret	ceived r	поге
	than \$100,000 of compensation from the organization. If there is none, enter			(-)	(4)	1 4	) Cating	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera		(C) Reportable compensation (Forms	(d) Health benefits contributions to		) Estim ount of	
	MI supply varieties	position		W-2/1099-MISC)	employee benefit plans, and deferred		mpens	
_	NONE	+			compensation	+		-
-								
						-		
		_						
		+	-			-		
alla participati		-				1		
						+		
	And Anterior and A							
						+		
		-						
-	Total number of other employees paid over \$100,000							
f	Complete this table for the organization's five highest compensated independ	dent contractors who	each receive	ed more than \$100.	000 of compens	ation f	rom the	e
51	organization. If there is none, enter "None." NONE	John Gorm detere inne		•				- 11
12	) Name and address of each independent contractor paid more than \$100,000		(b) Type of	service	(c)	Comp	ensatio	n
la	I name and address of day, maybardem as master personal and		3-4-4					
-								
	The state of the s							
	and the state of t							
d	Total number of other independent contractors each receiving over \$100,000	0						
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organ	nizations and 4947(a)	(1) nonexen	npt	-		_	
	charitable trusts must attach a completed Schedule A or ponalties of persury, I dealare that I have examped this return, including accompanying sol			t of my keepyledee an	<u> </u>	XY	es L	No
Unda Deci	or penalties of perjury, I deplare that I have examined this return, including accompanying sol aration of preparer (other that officer) is based on all efform those of which preparer has any k	nedules and statements, nowledge.	and to the cas	it of my knowledge and	o bellet, it is true, cur	Tect, as	iu comp	iete.
Sic	15/lectara				PITTIL			
He					Date			
	DR. STEVEN ROUTLEDGE, TREASU	RER						
	Type or print name and title		-	T Ob - t pass	- 1 - T			
	Print/Type preparer's name Preparer's signatur	е	Date	Check X	The second secon			
Pa	id			self- emplo	The second second			
	eparer KAREN RITTER, CPA		08/20,		P01	-		
Us	e Only Firm's name ► RITTER TAX & ACCOUNTI		ES, CI		1 ≥ 26-39			0.0
	Firm's address ▶ 1820 MEMORIAL DR., S			Phone no	. (931)	647	-55	92
	CLARKSVILLE, TN 3704	3				V	-	1
May	the IRS discuss this return with the preparer shown above? See instructions				NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	XY	-	No
						rorm !	990-EZ	13011

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

lame of the	ne organizatio	TITTERAC	VILLE-MONTGOM							lentification - 1249		nber
Part I	Reason fo	or Public Char	rity Status (All organiz	ations must	t complete	this part	) See inst	ructions.				
1 2 2	A church, con A school desc A hospital or a A medical resc city, and state An organizatio section 170(b A federal, stat An organizatio section 170(b A community	vention of churche ribed in section 1: a cooperative hosp parch organization :: in operated for the o)(1)(A)(iv). (Compi e, or local government that normally re- o)(1)(A)(vi). (Compi trust described in	nent or governmental unit ceives a substantial part	ches descril hedule E.) described in with a hosp niversity ow t described of its suppo (Complete F 1/3% of its:	ned or op in section in section in section in section in section in trom a in part II.)	170(b)(1)(bed in serented by 170(b)(1)(governmented om contril	A)(iii). A)(iii). Ction 170( a governm )(A)(v). Intal unit o	nental unit	described general pu	d in ublic descri	ribed in	n
10	income and ui See section 5 An organizatic An organizatic An organizatic Experiment of the section of the section of the section of the organization of the organizati	nrelated business in prelated business in prelated and conformation or an organized and conformation or supported organizative of supporting type of supporting before the prelation of the prelation or eceived a writing an ization, check 17, 2006, has the property of in the prelation or the prelation of the prelation or the prelation or the prelation of the prelation or the prelation or the prelation of the prelation or the prelation or the prelation or the prelation of the prelation or the prelation of the prelation or the prel	taxable income (less sective Part III.)  perated exclusively to te operated exclusively for the cations described in section of the cations described in the cation of the cations described in the cations of the ca	st for public to public to the benefit of the benef	c safety. S f, to perfo ) or sectio e through ill - Funci directly or d organiza t it is a Tyl	ee section rm the fur the fur the fur n 509(a)(2 11h. tionally into indirectly tions desipe I, Type from any persons of	n 509(a)(4) nctions of, c) See sec egrated by one or cribed in s II, or Type of the folli-	y the orga  i). or to carry ction 509(: r more disc ection 508  III  owing pers in (ii) and (iii)	out the pay(3). Chec	ourposes of the box.  Type III - Cersons off ection 509	0, 197  of one of that  Other than	or
			supported organization?								-	
	(ii) A family	member of a perso	on described in (i) above?	>						11g(ii)	-	
	(iii) A 35% c	ontrolled entity of	a person described in (i)	or (ii) above	?					11g(iii)		
h			n about the supported or									
(i) Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or in col. (i) lis governing o	ted in your	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	n in col. I	(vii) An sup	nount c	1
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total	Panerwork Re	duction Act Notice	e, see the Instructions	for				Schedu	le A (Form	n 990 or 99	90-EZ	) 201

Form 990 or 990-EZ.

132021 01-24-12

Sche	dule A (Form 990 or 990-EZ) 2011						Page 2
	HI Support Schedule for (	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/i)
	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify	under Part III. If the	e organizati:-n
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Sec	tion A. Public Support						
-	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		1-1				
1	membership fees received. (Do not						
	include any "unusual grants.")						
	, , , , , , , , , , , , , , , , , , , ,						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					-	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						
	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support	4 1 0007	1 00000	(=) 2000	(d) 2010	(e) 2011	(f) Tota!
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(a) 2010	(e) 2011	(I) Total
	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						
,0	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		1-1-1-1-1		1,12		
	Gross receipts from related activities	etc. (see instruct	ions)			12	
12	First five years. If the Form 990 is fo	r the organization	's first second th	ird. fourth, or fifth t	tax vear as a secti	on 501(c)(3)	
13	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2011 (	line 6 column (f) (	divided by line 11.	column (f))		14	1517/5
14	Public support percentage from 2010	Schedule A Par	t II line 14			15	
15	33 1/3% support test - 2011. If the	arganization did n	ot check the hox	on line 13, and line	14 is 33 1/3% or		ox and
162	stop here. The organization qualifies	as a publish sun	norted organization	n			•
	33 1/3% support test - 2010. If the	as a publicly sup	ot aback a boy on	line 13 or 16a an	d line 15 is 33 1/3	% or more, check	this box
t	33 1/3% support test - 2010. If the	organization did n	supported erassi	ration	4 1110 10 10 00 170	70 01 111010, 0110011	<b>I</b>
	and stop here. The organization qua a 10% -facts-and-circumstances tes	illes as a publicly	apported organi	check a hov on lir	ne 13 16a or 16h	and line 14 is 10%	6 or more
17:	a 10% -facts-and-circumstances tes	t - 2011. If the or	ganization did not	this boy and sten	hara Evalain in D	art IV how the oras	nization
	and if the organization meets the "fac	ots-and-circumsta	nces test, cneck	uns bux and stop	nere, Explain in P	are in now the orga	
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as	a publicly supporte	ed organization	- 470 and line 46 li	100/ 04
1	10% -facts-and-circumstances tes	st - 2010. If the or	ganization did not	cneck a box on lir	ie 13, 16a, 16b, 0	1/a, and line 15 is	10% Ur
	more, and if the organization meets t	he "facts-and-circ	umstances" test,	check this box and	stop here. Expla	in in Part IV how th	ie _ r
	organization meets the "facts-and-cir	cumstances" test	. The organization	qualifies as a pub	licly supported or	ganization	P
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	/b, check this box	and see instructio	ns
					Sch	nedule A (Form 99	0 or 990-EZ) 20

CLAF VILLE-MONTGOMERY COUNTY A LT

62-1249879 Page 3 A (Form 990 or 990-EZ) 2011 LITERACY COUNCIL 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 (d) 2010 (f) Total (b) 2008 (c) 2009 (a) 2007 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 44,337. 39,705. 187,970. 37,538. 32,650. 33,740. include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services per formed 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 32,650. 44,337. 39,705. 187,970. 33,740. 37,538. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons h 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 U. c Add lines 7a and 7b 970. 187 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 39,705. 187,970. 37,538. 44,337. 32,650. 33,740. a Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 30. 289. 58 83 80 38 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 58. 83. 80 30. 289. 38 c 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.) 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 99.85 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2010 Schedule A, Part III, line 15 99.80 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 . 20 18 % 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 X 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 DI.

Schedule A (Form 990 or 990-EZ) 20 11

132023 01-24-12

From:

Schedule B

# Schedule of Contributors

OMB No. 1545-0047

or 990-PF) Department of the Treasury	➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.	2011
Name of the organization	on.	Employer identification number
Name of the organization	CLARKSVILLE-MONTGOMERY COUNTY ADULT	
	LITERACY COUNCIL	62-1249879
Organization type(chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more omplete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 1	i01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th i.70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne regulations under sections f the greater of (1) \$5,000 or (2) 2%
total contributi	601(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	contributor, during the year, or educational purposes, or
contributions f If this box is ch purpose. Do no	601(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one or or use exclusively for religious, charitable, etc., purposes, but these contributions did re- necked, enter here the total contributions that were received during the year for an exc of complete any of the parts unless the <b>General Rule</b> applies to this organization beca- table, etc., contributions of \$5,000 or more during the year.	not total to more than \$1,000. clusively religious, charitable, etc., ause it received nonexclusively
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file Sche " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	edule B (Form 990, 990-EZ, or 990-PF),

lame of or	B (Form 990, 990-EZ, or 990-PF) (2011)  ganization  SVILLE-MONTGOMERY COUNTY ADULT			Page 2
LITER	ACY COUNCIL			2-1249879
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is		1
(a) No.	(b) Name, address, and ZIP + 4	Tot	(c) al contributions	(d) Type of contribution
1	UNITED WAY OF CLARKSVILLE  MADISON STREET  CLARKSVILLE, TN 37040	\$	26,577.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
			(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	Tot	(c) al contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	Tot	al contributions	Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	Tot	(c) al contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	Tol	(c) al contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	То	(c) tal contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-	23-12		Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2011)

me of organiza	rm 990, 990-EZ, or 990-PF) (2011) ation LLE-MONTGOMERY COUNTY ADULT COUNCIL	1	Pag yer identification number 2-1249879
	oncash Property (see instructions). Use duplicate copies of Pr	art II if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	m 990, 990-EZ, or 990-PF) (2:

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2011)		Page 4			
Name of organiza			Employer identification number			
	LLE-MONTGOMERY COUNT	Y ADULT	1 ***			
	COTTATATT		62-1249879			
Part III	Exclusively religious, charitable, etc., indi-	vidual contributions to section 501(c)(7), (	B), or (10) organizations that total more than \$1,000 for the mpletting Part III, enter acr. (Enter this information once.)			
	year, Complete columns (a) through (e) and the total of exclusively religious, charitable, et	ne contributions of \$1,000 or less for the ve	Par. (Entir this information once.) > \$			
	Use duplicate copies of Part III if addition	al space is needed.				
(a) No.		No. of the Control of	(d) Description of hour piff is held			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(L) D of oiff	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Ose or girt	(d) Description of non-gire is note			
	(a) Turnet, state					
	(e) Transfer of gift					
-	Deletionship of transferer to transferer					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
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			AND			
		T				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
_			-			
		***************************************				
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-	(e) Transfer of gift					
	(c) It displies of gift					
	Transference name address :	Relationship of transferor to transferee				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
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(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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7	(e) Transfer of gift					
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	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	The state of the s					
123454 01-23-12			Schedule B (Form 990, 990-EZ, or 990-PF) 2011			

990-EZ

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	PAGE
	990-EZ
2011 DEPRECIATION AND AMORTIZATION REPORT	FORM

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		2,997.	2,997.		2,997.		16		
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Current Year Deduction		26,390.	26,390.		390.	26,390	16 26,3		16

SCHEDULE O (Form 990 or 990-EZ)

# 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.

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.	Inspection
Name of the organization	CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL	Employer identification number 62-1249879
FORM 990-EZ, PA	ART I, LINE 4, OTHER INVESTMENT INCOM	3:
DESCRIPTION OF	PROPERTY:	AMOUNT:
INTEREST INCOME	Е	30
FORM 990-EZ, PA	ART III, PRIMARY EXEMPT PURPOSE - TO	ERADICATE ILLITERACY IN
THE CLARKSVILLE	E MONTGOMERY COUNTY AREA	
	ART V, INFORMATION REGARDING PERSONAL	
	TO PAY PREMIUMS ON A PERSONAL BENEFI	
	ON, DID NOT, DURING THE YEAR, PAY ANY	
	ON A PERSONAL BENEFIT CONTRACT.	
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