Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4647(a)(1) of the Internal Revenue Code (except black rung

OMB No. 1545-0047

Design	ineni a	ine Treatur	herefit trust er private foundation)		Contract Color Wilder
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AF	ा प्रि	2008 ca	literdar year, or tax year beginning JUL 1, 2008 and english J	UN 30, 2009	
Bo	Application of the party of the		CLARREVILLE-MONTGOMERY COUNTY ADULT	D Employer Identifier	rion number
	NETE	aler.	Deing Businsse As	62-12	49879
		9-	Number and street for P.O. box if mult is not definited to abset asomes) Represents 430 GREENWOOD AVENUE	≅ Telephone number 931—6	49-5650
╒	Arresta Tables	1273.	City or town, state or country, and ZIP +4	G Green months 5	39,798.
=	Apple	~ [CLARKSVILLE, TN 37040	H(a) is this a group ret	
_	Asset Serve	18 P.	the and address of principal official.	for affiliates?	urn ∐Yës XΩN₀
سمي				H(b) Are all affiliates lock	idad? Yes No
L	<u> 27-67</u>	भगको होस	tes: X sorte) (3) ◄ ((neert no.) 4847(a)(1) or		st. (see instrucționa)
		æ ➤ N/		H(c) Group exemption	
	vpe of	Summ		of formation: 1985 w	Statu of legal domicile: TR
250	,		souther the argenization's mission or meet significant activities: ADULT EDUC	አጥፕቦነ <u>ለ</u>	
Aofivities & Devernance					
Ē			is bex 🕨 🔲 if the organization discontinued its operations or disposed of more		
š	3	Number (of voting members of the governing body (Part VI, line 1a)	3	15
4			of Independent voting members of the governing body (Part VI, fins 15)		
-			rber of employees (Par V, the 22)		• 1
Ž		Total mar	toer of volunteers (estimate in necessary)	8	90
3			es unreleted business revenue from Part VIII, line 12, column (2)		0.
~			inter) business treatile income from Form 990-T. Inte 94		0.
	-	Net Units	And Desired Residente and Lond Lond and 1 Tale 24	Prior Year	Current Year
Revento	_			32,649	39,740
			tions and grade (Par VIII, Gas 1h)	1 Ch042C	33,740.
			sortion revenue (Port VIII, Dre 2g)		_ `
<u>\$</u>			ent income (Part VIII, polume (A), lines 3, 4, and 76)	38.	58.
- E	11	Other rev	venue (Part VIII., column (A), lines S, Sci, Sc., Sc., 10c, and 11e)		
	12_	Total rav	enue - ado lines 8 through 11 (milet aquel Pert VIII, polumn (A), Ina 12)	32,687,	39,798.
	13	Granta a	nd similar amounts paid (Part IX, column (A), Enes 1-3)		
			paid to or for members (Part IX, column (A), fine 4)		
m	1		other compensation, employee benefits (Part IX, column (A), Imas 5-107		
ğ			need from trade (Mart IV continue (A). Since \$4.6)		
Expenses			retraining expenses (Part X. column (D), fine 25)		
뀣	1		terractifications for an exercise follows and	38,448.	37,096.
			Denses (Part IX, column (A), Inex 11a-11d, 11f-24f)	38,448.	
			penses. Add lines 13-17 (must sequal Part IX, column (A), line 25)		37,096.
-	78	Revenus	less expanses. Subtract the 18 from the 12	<5,761.	
Int Age to or			ļ	Bearing of Year	End of Year
調	20	Total no	sets (Parl X. (ino 16)	13,439.	16,141.
5	27	Total list	DECES (PER X line 26)		
르	22	Net page	ets or fund balances. Subtract line 21 from line 20	13,439.	16,141.
97		Sign	ature Block		
		Under per	nadag of parken, I domain has, I have anatsignal tris rollen, brauding becommenying actualism and community Histo Consumbion of Property (other thereofficed by busined on all Afformation of union property ray any knowledg	and to the best of my lenewisd	ge and billel, it is true, acrost,
			The parties of Medical legistration in present up any consistent at the business of Additional parties and consists	• /	/
Sig	4		In Bradish - THE (VICA	1.3/9	110
Hot			patrie of officer	Data	
	•			••	
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				back ti Proper	rein leterithère au
Pak	Í	Propare	فا المحال	300 mg 200 kg	managetical decimals
Pre	i Sigit	Part & Com	mployed > X		
Usa	Only	COCHETE N	A EIN >		
				1.	
_		29-4	CLARKSVILLE, TN 37043	LPhone no. ▶ (9311647-5592
			approximation and fever an engage of the miles of second		X Vea No
\$120	01 12-	18-06 L	HA For Privacy Act and Paperwork Reduction Ast Notice, see the separate in	structions,	Form 990 (2008)

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

A Fo	or the	2008 cal	lendar year, or tax year beginning JUL 1, 2008 and en	ال ding	UN 30, 2009				
3 Ch ap	eck if plicable:	Ptease use IRS	C Name of organization CLARKSVILLE-MONTGOMERY COUNTY ADULT		D Employer identifica	ation number			
	Address change	label or print or	LITERACY COUNCIL			40000			
	Name change	type.	Doing Business As		62-12	49879			
	initial return	See	Multipet and affect (at 1 to: pax it time it was commented to	om/suite	E Telephone number				
	Termin- ation	Specific Instruc-	430 GREENWOOD AVENUE		931-6	48-5650			
	Amende		City or town, state or country, and ZIP + 4	ļ	G Gross receipts \$ 39,798.				
一	Applica-	-	CLARKSVILLE, TN 37040		H(a) Is this a group ret				
<u></u>	pending		me and address of principal officer:		for affiliates?	Yes X No			
		1.110			H(b) Are all affiliates inclu	uded? Yes No			
LT	27-270	mot stati	us: X 501(c) (3		if "No," attach a li	ist. (see instructions)			
		a: ► N /			H(c) Group exemption				
e Ti	one of o	manizatio	on: X Corporation Trust Association Other	L Year	of formation: 1985 M	State of legal domicile: TN			
	-	Summ	narv						
	1 E	Priofly do	escribe the organization's mission or most significant activities: ADULT	EDUC	ATION				
90	1 6	orieny de	scribe the organization of miscouries						
Activities & Governance		The selection	is box Fig. if the organization discontinued its operations or dispose	d of more	than 25% of its assets	·—·			
5	2 (oneck iii	of voting members of the governing body (Part VI, line 1a)		3	15			
Ĝ	3 1	vumber (of independent voting members of the governing body (Part VI, line 1b)		4				
25	4 1	Number (nber of employees (Part V, line 2a)	••••••••	5				
E	5]	otal nun	nber of entployees (r at v, line 24)		6	90			
3	6 7	lotal nur	ss unrelated business revenue from Part VIII, line 12, column (C)	•••••••	7a	0.			
Ą	7a	lotal gro	lated business taxable income from Form 990-T, line 34		7b	0.			
_	<u> </u>	Net unre	lated business taxable income from Form 555 1, line 5		Prior Year	Current Year			
97		.	tions and grants (Part VIII, line 1h)		32,649.	39,740.			
	8	Contribu -	tions and grants (Part VIII, line III)	·····					
Revenue	9	Program	service revenue (Part VIII, line 2g)		38.	58.			
He.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	·····					
	11 1	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,687.	39,798.			
	12	Total rev	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		, , , , , , , , , , , , , , , , , , , ,				
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	·····					
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)						
Ď.	ь	Total fur	ndraising expenses (Part IX, column (D), line 25)	 ***	38,448.	37,096.			
ш	17	Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24f)	····	38,448.				
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<5,761.				
	19	Revenue	e less expenses. Subtract line 18 from line 12		Beginning of Year	End of Year			
Net Assets or				-	13,439.	16,141.			
Set	20		sets (Part X, line 16)	 					
	21	Total lia	bilities (Part X, line 26)		13,439.	16,141.			
			ets or fund balances. Subtract line 21 from line 20			1			
P	art II		ature Block enables of perjury, I declare that I have examined this return, including accompanying schedules and enables of perjury, I declare that I have examined this return, including accompanying schedules and enables of perjury, I declare that I have examined this return, including accompanying schedules are	d statements	, and to the best of my knowled	dge and belief, it is true, correct,			
		Under pe	enalties of perjury. I declare that I have examined this return, including accompanying screenies and plete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledg	e.				
			ignature of officer		i				
Sig	gn .	<u> </u>	Taxpayers		Date				
He	re	Si	ignature of officer						
		 	in a record title						
		T)	ype or print name and title	- 10	Check if Prepare	arer's identifying number			
Pai	id	Prepare	08/2		elf- (see	instructions)			
	oparer's	signatu							
	e Only	yours if	1/7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	o, cr	ZZ CHV P				
	,	self-emp			Phone no	(931)647-5592			
_		ZIP+4	CLARKSVILLE, TN 37043			X Yes No			
			Akie return with the preparer shown above? (see Instructions)		**************				

Par	t III Statement of Program Service Accomplishments (see instructions)										
1	Briefly describe the organization's mission: TO ERADICATE ILLITERACY IN THE CLARKSVILLE-MONTGOMERY COUNTY AREA.										
2	Did the organization undertake any significant program services during the year which were not listed on										
	the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes", describe these changes on Schedule O.										
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
	26.006										
4 a	(Code:) (Expenses \$ 36,096. including grants of \$) (Revenue \$) THE COUNCIL PROMOTES LITERACY BY RECRUITING UNDEREDUCATED ADULTS AND TUTORS INTERESTED IN TEACHING THEM.										
-	TOTORS INTERESTED IN THROUTING THAM										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses > 36,096. (Must equal Part IX, Line 25, column (B).)										
	Form 990 (20										

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Part	IV Checklist of Required Schedules			
		-	Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	.	
	if "Yes." complete Schedule A	1	X	
2	s the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l	l	••
	public office? If "Yes." complete Schedule C, Part I	3		<u>X</u>
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	Ì		
	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	1	ĺ	•••
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	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," 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			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 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		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	İ		l
••	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the exceptation maintain an office employees, or agents outside of the U.S.?	14a_		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	1
D	and arrange continuities outside the U.S.? If "Yes." complete Schedule F, Part I	14b	<u> </u>	X
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
15	leasted outside the United States? If "Yes " complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		İ	l
10	leasted autoide the United States? If "Yes," complete Schedule F, Part III	16_	<u> </u>	X
47	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	1	X
17	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
18	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	—	X
19	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the organization operate one of more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	↓	X
21	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	ļ	X
22	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
23	Bid the experiencies have a tay-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	MAIN TO A SUMMER OF	24a	<u> </u>	<u> </u>
	and the state of the second of the second bonds beyond a temporary period exception?	24b	Ц	
b	any time during the year to delease			
C	any tax-exempt bonds?	240	:	
	any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240	1	
	The state of the s			
25 a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	disqualified person during the year? If Yes, complete screeding if Yes are screeding in an excess benefit transaction with a disqualified person from a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
ŧ	prior year? If "Yes," complete Schedule L, Part I	251	,	X
	was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
26	was a loan to or by a current or former differ, director, flustes, key complete Schedule L, Part II person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	person outstanding as of the end of the organization's tax year. In You because the person outstanding as of the end of the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			1
27	contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27	<u> </u>	X
	CONTRIBUTOR, OF TO A DETSOIL FEMALE TO SOCIEDAT INTERFECTION. 17 7.500 STREET	For	m 99	0 (2008)

orm	990 (2008) LITERACY COUNCIL 62-124	<u>9879</u>	P	age 4
Par	tiv Checklist of Required Schedules (continued)		Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 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		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV			x
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	- 1		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 1	_	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	1		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	- 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?_	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	- 1		X
	and that is treated as a participality for reducta mounts (5) perpendicular to the perpendicu	Fort	n 990	(200

Par	Statements Regarding Other IRS Filings and Tax Compliance									
्या	Outomonio Nogoroma Caree mas a magazina		000000000	Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	LLS Information Returns. Enter -0- if not applicable	1a	의							
Ь	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	16	0							
-	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming								
	(gambling) winnings to prize winners?		. 1c	**********	X					
92	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
28	filed for the calendar year ending with or within the year covered by this return	2a	0							
_	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2ь							
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)								
-	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	За		X					
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•	3b							
b	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a								
4a	At any time during the calendar year, ductile digalization have an interest any of the digalization have an interest and the digalization have an	account)?	4a		X					
	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?									
Ь	If "Yes," enter the name of the foreign country:	f "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	wall are								
	Financial Accounts.				X					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	action?	5b		X					
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	Poording Prohibited			† 					
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	y negarding Pronibited	=-							
	Tax Shelter Transaction?		<u>5c</u>	-	X					
6a	Did the organization solicit any contributions that were not tax deductible?		<u>6a</u>	 	 					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions or gifts	١.,							
	were not tax deductible?	•	6b	 						
7	Occapizations that may receive deductible contributions under section 170(c).									
_	Did the organization provide goods or services in exchange for any guid pro quo contribution of mo	ore than \$75?	7a	+	X					
	If "Ves " did the organization notify the donor of the value of the goods or services provided?		7ь	┼	┼					
-	Did the croanization sell, exchange, or otherwise dispose of tangible personal property for which it	was required			٠,					
•	to file Form 8282?		7c		X					
_	If "Yes " indicate the number of Forms 8282 filed during the year	[7d]	_							
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	a personal			4					
-	benefit contract?		7e		X					
	and the state of t	ntract?	7 <u>1</u>	↓	X					
f	- For all contributions of qualified intellectual property, did the organization file Form 8899 as require	o:	14	 	<u> </u>					
ç	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1096	3-C as required?	7h		X					
_	Section 501 (c)(3) and other sponsoring organizations maintaining donor advised funds and s	ection 509(a)(3)								
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	organization, have								
	excess business holdings at any time during the year?	-	8		\perp					
	excess business holdings at any time during the year:									
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		9a							
6	Did the organization make any taxable distributions under section 4966?		9b	\neg	\top					
١	Did the organization make a distribution to a donor, donor advisor, or related person?	************************			.					
10	Section 501(c)(7) organizations. Enter: N/A	10a								
	Initiation fees and capital contributions included on Part VIII, line 12									
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[100]								
11	Section 501(c)(12) organizations. Enter: N/A	1 1								
	Grees income from members or shareholders	11a								
	b Gross income from other sources (Do not net amounts due or paid to other sources against	449								
	due as societad from thom)	116		_	***					
12	amounts due of received from them. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	orm 1041?	12	a I	<u> </u>					
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь	J. Section 1	00	<u>********</u>					

LITERACY COUNCIL

Page 6 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	on A. Governing Body and Management	····	. 1	
			es	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes or changes in Schedule O. See instructions.	_		
1a	Enter the number of voting members of the governing body	잌		
ь	Foter the number of voting members that are independent	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer_director_trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	.,
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			••
	coverning body?	7a		<u>X</u>
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	*********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
•	by the following:			
а	The governing body?	. 8 a	Х	
h	Fach committee with authority to act on behalf of the governing body?	. 8b	X	
0-	Deep the organization have local chapters, branches, or affiliates?	. 9a		X
30 h	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,		- 1	
	and branches to ensure their operations are consistent with those of the organization?	. 9b		
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			ĺ
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
44	le there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1 1		
11	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 11		X
500	tion B. Policies			
360	(IOT D. 1 OHOICO		Yes	No
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
128	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1		
	A = == 6[a+a*]	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
C	in Schedule O how this is done	. 12c	X	1
40	Does the organization have a written whistleblower policy?	13		X
13	Does the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?	15a		X_
_	and the second s	15b		X
t			١	
	Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
162	bid the organization invest in, contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to, or participate in 2 joint voltage of contribute assets to a contribute assets to a contribute assets to a contribute assets to a contribute asset to a contribute as a contribute asset to a contribute as a contrib	16a		X
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
t	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1
	in joint venture arrangements under applicable recein tax law, and taken stops to surgements arrangements?	16b		
_				
	ction C. Disclosure NONE NONE			
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able for		
18	Section 6104 requires an organization to make its rooms 1025 (or 1024 if application), 555, 215 to 104 if the base similable. Check all that applications			
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police.	y, and fin	ancia	i
19		.,,		
	statements available to the public.	inization:	>	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are person of the p			
	DR. STEVEN ROUTLEDGE - 931-648-8826 430 GREENWOOD AVENUE, CLARKSVILLE, TN 37040			
832	450 GREENWOOD AVENUEY CELEBOOK	For	m 990	0 (2008

Page 7

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.

X Check this box if the organization did not co (A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
- -	hours per - week	Individual trustee or director	ec setsus tenotruiten	all t		Highest compensated Co		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
ANGELA GRIFFIN	5.00							0.	0.	0
BOARD CHAIR OR. JOSEPH BRITTON	3.00	-		╁╴		-				
VICE CHAIR	3.00	_						0.	0.	0
IOAN PULLEY								0.	0.	0
SECRETARY	3.00	L	┼-	╄	-	-	-	0.	0.	
OR. STEVEN ROUTLEDGE	3.00							0.	0.	C
rreasurer	3,000	Τ	十		T					
		L	\perp	1	↓_	<u> </u>	_			
									·	
		╁	+	+-	╁	-	T			
		+	+	4-	+	-	+			
Coby						<u> </u>				
Taxpayers Copy										
		T								
		\dagger	\dagger	\dagger	\dagger	+	\dagger			
		+		+	+	+	+			
	-	+	+	+	+	+	+			
		\perp			1	\perp	1			
		\top		Ť	\top					
			[_							Form 990 (2

Form 9	990 (2008) LITERACY	COUNCI	<u>լ</u>							62-12	498	379 Page 8
Part	VII Section A. Officers, Directors, T	· I	mplo	yee			ligh	es <u>t</u>				
	(A) Name and title	(B) Average hours	(cl	heck	Posi ali t	tion		ly)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		per week	Individual bustee or director	Institutional trustee	Officer	Кеу епріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	5)	compensation from the organization and related organizations
		-										
				-								
							Ļ		0		0.	0
1b 2	Total number of individuals (including the	ose in 1a) who i	recei	ved	mon	e tha	an \$	100	,000 in reportable			· · · · · ·
	compensation from the organization	<u></u>		•••••		•••••					<u> , , , , , , , , , , , , , , , , , , </u>	Yes No
3	Did the organization list any former officine 1a? If "Yes," complete Schedule J fo	er, director or t	ruste al	e, k	ey e	mple	oyee	, or	highest compensated	employee on		3 X
4	For any individual listed on line 1a, is the	sum of reports	able (com	pens	satic	n ar	nd o	ther compensation fro	m the organization		
_	and related organizations greater than \$ Did any person listed on line 1a receive	150,000? <i>If</i> "Ye	es," c	omp	fror	Sch	hedu Ny III	ile J rel:	for such individual eted organization for se	ervices rendered to		4 X
5	the organization? If "Yes," complete Sch	edule J for suc	h pe	rson				·····				5 X
Sec	tion B. Independent Contractors							•	that received more th	an \$100 000 of con	nnen	sation from
1	Complete this table for your five highest the organization.	compensated	inde	pend	Jent Jent	CON	nrac	tors	that received more th			
	(A) Name and busing	ess address							(B) Description ((C) Compensation
2	Total number of independent contractor	rs (includina th	ose i	in 1)	who	rec	eive	d m	ore than \$100,000 in c	compensation		

0

from the organization

LITERACY COUNCIL

Par	t V	il.	Statement of Revenu	ue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 8	a í	Federated campaigns	1a					
E	1	ы	Membership dues	1b					
S, B		c 1	Fundraising events	1c					
al al	•	d I	Related organizations	1d					
S. III	(e (Government grants (contribution	ons) 1e					
it or	1	f /	All other contributions, gifts, grants	s, and					
ig the		;	similar amounts not included abov	e 1f	39,740.				
Contributions, gifts, grants and other similar amounts	9	g	Noncesh contributions included in lines 1	la-1f: \$		20 740			
<u>ŏ</u> <u>₽</u>		h '	Total. Add lines 1a-1f	<u></u>		39,740.			
l				ļ	Business Code				
Program Service Revenue	2	a	<u> </u>				_		
		b į			!				-
		C							
		d							
5		е							
_		f	All other program service rever	nue	-				
		9	Total. Add lines 2a-2f		et and				
	3		Investment income (including			58.	,		58.
			other similar amounts)	exampt bond n					
	4		Royalties						
	5		noyalles	(i) Real	(ii) Personal				
	_	_	Gross Rents						
	0	_	Less: rental expenses	ĺ					
			Rental income or (loss)	1					
			Net rental income or (loss)		>				
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	•	_	assets other than inventory						
		ь	Less: cost or other basis						
		_	and sales expenses		<u> </u>				
		С	Gain or (loss)						
			Net gain or (loss)		. <u></u>				
0	8	а	Gross income from fundraisin	g events (not					
Š	1		including \$						
Š Š			contributions reported on line						
Other Revenue			Part IV, line 18			-			
Ě		b	Less: direct expenses	Ł	ــــــار				
	1		Net income or (loss) from fun-						
	9	a	Gross income from gaming a						
			Part IV, line 19			1			
		b	Less: direct expenses		` <u> </u>				
	١.,		Net income or (loss) from gar						
	10) a	Gross sales of inventory, less and allowances						
		L	Less: cost of goods sold			7			
			Net income or (loss) from sal						
			Miscellaneous Reven		Business Cod	е			
	1	ı a							
	'	. ь							
		c							
		d	All other revenue			 			
		e	Total. Add lines 11a-11d				2).	58
	1 4	2	Total Revenue. Add lines 1h, 2g, 3	. 4, 5, 6d, 7d. 8c, 9c,	10c, and 11e	39,798	<u>' • l</u>	<u>' " [</u>	

Part IX Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are	not required to compl	ete columns (B), (C), an	d (D).
Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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		·		
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	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)(8)				
7_	Other salaries and wages		Taxpayers	CODY	
8	Pension plan contributions (include section 401(k)		payo.o	7 - 7 - 7	
	and section 403(b) employer contributions)			 	
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
Ь	Legal	1,000.		1,000	
C	Accounting	1,000.			
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				**
f	Investment management fees			-	
9	Other				
12	Advertising and promotion				
13	Office expenses	1			
14	Information technology	·			
15	Royalties	6,000.	6,000		
16	Occupancy	45.	45		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	182.	182		
19	Conferences, conventions, and meetings		-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance the mine expenses and covered				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	minacillanague may not exceed 5% DI IOIAI				
	expenses shown on line 25 below.)	25,113	. 25,113	3.	
8	TINTON MATERIALS	2,185			
t -	DOLLT DARMO DENOTAL.	1,218	. 1,21	8.	
•	ADVIDUE CINC (DDOMOTION	628	. 628	8.	
•	OFFICE EVDENCE	465			
f	All other expenses	260			
•	Total functional expenses. Add lines 1 through 24f	37,096	. 36,09	6. 1,00	0.
<u>25</u> 26	Joint Costs. Check here ▶ ☐ if following				
4 0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Form 990 (2008)

Form 990 (2008)

Part	X	Balance Sheet								
					(A) Beginning of year		E	(B) nd of year		
	1	Cash · non-interest-bearing			13,435.	1		16,1	<u> 141.</u>	
•	2	Savings and temporary cash investments				2			<u> </u>	
	3	Pledges and grants receivable, net				3				
1	4	Accounts receivable, net				4				
- 1	5	Receivables from current and former officers, di								
	•	employees, or other related parties. Complete P	hedule L		5					
į	6	Receivables from other disqualified persons (as	defined u	nder section						
1	-	4958(f)(1)) and persons described in section 495	58(c)(3)(B).	. Complete						
İ		Part II of Schedule L			6					
9	7	Notes and loans receivable, net			_7_	<u> </u>				
Assets	8 .	Inventories for sale or use				8				
¥	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment: cost basis	10a	57,383.						
- 1	b	Lace: accumulated depreciation, Complete	1		4					
ı		Part VI of Schedule D	10ъ	57,383.	4.	10c	ļ <u>-</u>		0.	
]	11 .	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line			12	 				
	13	Investments - program-related. See Part IV, line	11			13	├			
-	14	Intangible assets				14	 			
ļ	15	Other assets. See Part IV, line 11	••••		13,439.	15 16	 	16.	141.	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)	,		17	-	10/		
	17	Accounts payable and accrued expenses	••••••	•••••		18	 			
	18	Grants payable		19	 					
	19	Deferred revenue				20				
	20	Tax-exempt bond liabilities								
es	21	Escrow account liability. Complete Part IV of So		21						
	22	Payables to current and former officers, director highest compensated employees, and disquality								
Liabilities				22						
_		of Schedule L Secured mortgages and notes payable to unre	oarties		23					
	23	Unsecured notes and loans payable			24					
	25	Other liabilities. Complete Part X of Schedule I)			25				
	26	Total liabilities, Add lines 17 through 25	<u></u>		0	26			0.	
	1	Organizations that follow SFAS 117, check I	here 🕨	X and complete						
Ø	1	lines 27 through 29, and lines 33 and 34.						16	1 / 1	
ဦ	27	Unrestricted net assets		•••••	13,439		_	10,	141.	
<u>a</u>	28	Temporarily restricted net assets				28				
d B	29	Permanently restricted net assets		<u></u>		29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117,	check he	re 🕨 📖 and						
or F		complete lines 30 through 34.				<u> </u>				
ats	30	Capital stock or trust principal, or current fund	is			30				
\ss	31	Paid-in or capital surplus, or land, building, or	equipmen	t fund		31				
of 7	32	Retained earnings, endowment, accumulated				_		16	,141.	
Z	33	Total net assets or fund balances	•••••		4.0.4.0.0			16	,141.	
	34	Total liabilities and net assets/fund balances			13,437	• 3-	<u></u>		,	
P	irt X	Financial Statements and Reporting	ng					Y	es No	
			X ca	sh Accrual [Other					
1	Ac	counting method used to prepare the Form 990: ere the organization's financial statements compil	led or revi	ewed by an independen				2a	X	
2	a We	ere the organization's financial statements compli are the organization's financial statements audite	d hv an in:	dependent accountant	?			2b	X	
ı	o W€	ere the organization's financial statements about	e a comm	ittee that assumes reso	consibility for oversight of t	he au	dit,		x	
(: if "	f 'Yes' to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, eview, or compilation of its financial statements and selection of an independent accountant?								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
	۸۵	t and OMR Circular A-1337						. 3a	X	
,	AC h If '	Yes," did the organization undergo the required	audit or au	udits?			<u></u>	. 30		
· —	<i>u</i> 11	169, the the organization onlongs are re-						Form 9	90 (2008)	

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT

Employer identification number 62-1249879

Santana and a		T.TTFRACY	COUNCIL							2498	
art (1 %)	Reason for	Public Charit	v Status (All organization	ons must co	mplete th	is part.) (s	ee instruc	ctions)			
art [- 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	ivete foundation be	ecause it is: (Please check	k only one c	organizatio)n.)					
organiz	ation is not a pr	ntion of churches.	or association of churche	es described	d in sectio	on 170(b)(°	1)(A)(i).				
		470	/LV4VAV63 /Attach Sche	dule E.)							
					ection 17	D(b)(1)(A)(i	iii). (Attac	h Schedule	e H.)		
! '	A modical resea	rch organization or	al service organization des perated in conjunction wit	th a hospita	l describe	d in secti c	on 170(b)	(1)(A)(iii). E	nter the h	ospital's	name,
. — ՝	As organization	operated for the b	enefit of a college or univ	ersity owne	d or open	ated by a g	overnme	ntal unit de	escribed II	1	
	AT 4 70/h)	MINANGA (Complet	te Part II.)								
				lescribed in	section 1	70(b)(1)(A)(v).			II	سالس
	An organization	that normally rece	int or governmental unit of lives a substantial part of	its support	from a go	vernmenta	al unit or f	rom the ge	neral pub	lic descri	oeo in
	tion 170(b)	HMAMM), (Complete	e Part II.)								
				omplete Pa	rt II.)						into from
8 <u> </u>						n contribut	tions, mei	mbership f	ees, and (pross rece	ipis iron
	income and un	related business ta	axable income (less sections)	on 511 tax) 1	irom_busir	esses acc	uired by	the organia	zation aite	g June 30	, 1370.
			11 - Carl III \								
o 🖂				for public s	safety. Se	e section :	509(a)(4).	. (see msm	out the OU	rnoses of	one or
										the box t	that
. —	معطمنا عليب المساهدة	wasated organiza	ations described in section	u onalahii) i	31 26011011	٠٠٥ (١٥) ١٤٠١.	See secu	ion acatal	(0). 011001		
	describes the	type of supporting	organization and comple	te lines i le	unougn	1111-				ype III - O	
	a Type I	ь	Type II C	Type I	• FUNCU	onally litter	y one or i	more disau			
e 🗀	By checking th	nis box, I certify tha		controlled d	irectly or	noirectly L	ihed in se	ction 509(a)(1) or se	ction 509	(a)(2).
		J _ A1 A	han one or more filliblicity	Subbonteu	Oldanican	O112 CCCC.			-/(-/		
				100 45-4	a in a Tua	a I Type II	or Type	КІ			_
f	If the organiza	tion received a writ	tten determination from ti	ne ino mai	II IS A 1 YP	e ii i jbo	,, , , , ,	KI			
f		tion received a writ	tten determination from ti	ne ino mai	цватур	e 1, 1 , po 1.					
f g	supporting or	tion received a writ ganization, check t	tten determination from the	ov cift or cor	tribution	from any o	f the follo	wing perso	?		Yes N
	supporting org Since August	tion received a writ ganization, check to 17, 2006, has the	tten determination from the his box	y gift or cor	ther with a	from any o	f the follo	wing person (ii)	ons?) below,		
	supporting org Since August (i) A person	tion received a writ ganization, check to 17, 2006, has the of who directly or inc	tten determination from the his boxorganization accepted and directly controls, either all accepted and accepted and accepted accep	y gift or cor	ntribution	from any o	f the follo	wing person (ii) and (iii	ons?) below,	11g(i) 11g(ii)	Yes N
	supporting org Since August (i) A person the gove	tion received a writ ganization, check the 17, 2006, has the o who directly or inc rning body of the s	tten determination from the boxorganization accepted and directly controls, either also supported organization?	y gift or cor	ntribution ther with p	from any o	f the follo	wing person (ii) and (iii	ons?) below,	11g(i) 11g(ii)	Yes N
	supporting org Since August (i) A person the gove (ii) A family	tion received a writ ganization, check the 17, 2006, has the of who directly or ind ming body of the s member of a perso	tten determination from the box conganization accepted an directly controls, either also supported organization? on described in (i) above?	y gift or corone or togel	ntribution ther with p	from any o	f the follo	wing person (ii) and (iii	ons?) below,	11g(i) 11g(ii)	Yes N
	supporting org Since August (i) A person the gove (ii) A family	tion received a writ ganization, check the 17, 2006, has the of who directly or ind ming body of the s member of a perso	tten determination from the boxorganization accepted and directly controls, either also supported organization?	y gift or corone or togel	ntribution ther with p	from any o	f the follo	wing person (ii) and (iii	ons?) below,	11g(i) 11g(ii)	Yes N
9	supporting org Since August (i) A person the gove (ii) A family	tion received a writ ganization, check the 17, 2006, has the of who directly or ind ming body of the s member of a perso	tten determination from the box	y gift or cor one or togel or (ii) above	ntribution ther with p	from any opersons de ports.	of the followscribed in	wing person (ii) and (iii)	ons?) below,	11g(i) 11g(ii) 11g(iii)	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or ind ming body of the s member of a perso	tten determination from the box	y gift or corone or toget or (ii) above: the organiz	ther with properties a ryperties rom any o persons de ports. (v) Did you organization	of the followscribed in notify the on in col.	(vi) Is	the	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N	
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from the box	y gift or corone or toget or (ii) above the organiz	ther with properties a ryperties rom any o persons de ports. (v) Did you organization	of the followscribed in notify the on in col.	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N	
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g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from the box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N
g h (i) Nam	supporting org	tion received a writ ganization, check the 17, 2006, has the of who directly or incoming body of the s member of a perso- controlled entity of a bllowing information	tten determination from this box	y gift or corone or toget or (ii) above the organiz (iv) is the or in cal. (i) list governing d	ntribution ther with p ration sup ganization ted in your locument?	ports. (v) Did your organization (i) of your	notify the on in col. support?	(vi) Is organizatio (i) organizatio (U.S.	the nin col. ad in the ?	11g(i) 11g(ii) 11g(iii) (vii) An	Yes N

Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

ction A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
endar year (or fiscal year beginning in)	(a) 2004	(0) 2005				
Gifts, grants, contributions, and			1		1	
membership fees received. (Do not		ļ				
include any "unusual grants.")						
Tax revenues levied for the organ-		i				
ization's benefit and either paid to	ļ					
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge						
Total. Add lines 1 · 3						
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,				1 -		
column (f)						
Public Support. Subtract line 5 from line 4.					•	
ection B. Total Support	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
lendar year (or fiscal year beginning in)	(a) 2004	(5) 2000	,=,==			
Amounts from line 4		 				
Gross income from interest,					1	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business				}		Ì
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
1 Total support. Add lines 7 through 10	-to (-ee instruc	tione)			12	
2 Gross receipts from related activities3 First five years. If the Form 990 is f		s'e tiret eacenne. In	ird, fourth, or fiftl	h tax year as a sect	ion 501(c)(3)	
3 First five years. If the Form 990 is to organization, check this box and sto	or the organization	13 11131, 55507.27				<u></u>
organization, check this box and streetion C. Computation of Put	dic Support P	ercentage				
4 Public support percentage for 2008	dies 6 solumn (f)	divided by line 11.	column (f))		14	
	isotion did	not check the BOX	on line 13. and n	116 14 12 22 1/2 1/2	1110101011011	oox and
stop here. The organization qualified b 33 1/3% support test - 2007. If the	s as a publicly su	not check a box of	n line 13 or 16a,	and line 15 is 33 1/3	3% or more, check	this box
_	A AAAA II II AAAA	wearization did no	t check a box on	11116 10, 100, 01 10	5) WHO INTO 1 1 1 - 1 - 1	
17a 10% -facts-and-circumstances to and if the organization meets the *f	est - 2008. IT the C	nyankalion dio no	this box and sto	op here. Explain in	Part IV how the org	anization
	A A A This excess	es zaitleun noitori.	A DUDINGIV SUDDO	alico Oldanicanon .		
meets the 'facts-and-circumstance b 10% -facts-and-circumstances t	s test. The organ	receivation did on	t check a box on	line 13, 16a, 16b.	or 17a, and line 15	is 10% or
b 10% -facts-and-circumstances t more, and if the organization meet	est - 2007. If the	organization did no	check this hox	and stop here. Exp	lain in Part IV how t	the
more, and if the organization meets organization meets the *facts-and-	s the "tacts-and-ci	rcumstances test	, orieon tina box t o qualifies as a r	publicly supported of	organization)
					ox and see instructi	

	DECENTIFE.	-MONTGOMEI	RY COUNTY	ADULT		
					62-1249	9879 Page 3 ex on line 9 of Part I.)
Part III Support Schedule for Oil	ganizations D	escribed in Se	iction sostant	-/ (Complete only if y	On choose the ev	
Section A. Public Support			(c) 2006	(d) 2007	(e) 2008	(f) Total
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	10, 2000	(4)		
Gifts, grants, contributions, and membership fees received. (Do not					22 740	164,396.
include any "unusual grants.")	30,517.	34,461.	33,028.	32,650.	33,140.	104/3334
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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		34 461	33,028.	32,650.	33,740	. 164,396.
6 Total. Add lines 1 • 5	30,517.	34,461.	33,020.	32/0300	<u> </u>	
7a Amounts included on lines 1, 2, and	Į					
3 received from disqualified persons				-		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the creater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000						154 205
10c, 11, and 12 for the year or \$5,000						164,396.
c Add lines 7a and 7b						
c Add lines 7a and 7b	(-) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
10c, 11, and 12 for the year or \$5,000	(a) 2004	(b) 2005 34,461	(c) 2006 33,028			(f) Total
10c, 11, and 12 for the year or \$5,000	(a) 2004 30,517.					(f) Total
10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2004 30,517.	34,461.	33,028	32,650	33,740	(n) Total). 164,396.
10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c trem line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 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	30,517	34,461.	33,028	32,650	33,740	(n) Total). 164,396.
e Add lines 7a and 7b B Public support (Subtract line 7c tram line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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	30,517	34,461.	33,028	32,650	. 33,740	(n Total 0. 164, 396. 8. 317.
c Add lines 7a and 7b B Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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	30,517.	91	33,028	32,650	. 33,740	(n) Total). 164,396.
c Add lines 7a and 7b B Public support (Subtract line 7c tram line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is	30,517	91	33,028	32,650	. 33,740	(n Total 0. 164, 396. 8. 317.
c Add lines 7a and 7b B Public support (Subtract line 7c trom line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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 arches from the sale of capital	30,517	91	33,028	32,650	. 33,740	(n) Total () . 164,396. 8. 317.
c Add lines 7a and 7b B Public support (Subtract line 7c tram line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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 seconds (Explain in Part IV)	30,517	91	99	32,650	. 59	(n Total 0. 164,396. 8. 317. 8. 317.
c Add lines 7a and 7b B Public support (Subtract line 7c trom line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.)	30,517	91	99 . 99	32,650 38 38	. 33,740 . 51	(f) Total (i) Total (ii) Total (iii) 164,396. 8. 317. 8. 317. 164,713. ganization,
c Add lines 7a and 7b B Public support (Subtract line 7c trantine 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is the page of the sale of the page of the	30,517	91 91 91 91	99 . 99	32,650 38 38	. 33,740 . 51	(f) Total (i) Total (ii) Total (iii) 164,396. 8. 317. 8. 317. 164,713. ganization,
c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is the check this box and stop here	30,517	91 91 91 91	99 . 99 . 99	32,650 . 38	. 33,740 . 58	(n) Total (n) To
c Add lines 7a and 7b 8 Public support (Subtract line 7c transfers 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is the check this box and stop here Section C. Computation of Pul	30,517. 31. 31. 31. for the organization blic Support F 8 (line 8, column (f	91 91 91 or's first, second, to the second of the secon	99 . 99 . 99	32,650 . 38	. 33,740 . 54	(f) Total (i) 164, 396. 8. 317. 8. 317. 164, 713. ganization,
c Add lines 7a and 7b 8 Public support (Subtract line 7c tromtine 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is to check this box and stop here Section C. Computation of Pul 15 Public support percentage for 2006 16 Public support percentage from 20	30,517 31 31 for the organization blic Support F 8 (line 8, column (f	91 91 91 n's first, second, t Percentage divided by line 13 art IV-A, line 27g	99 . 99 . 99 . 99	32,650 . 38	. 33,740 . 51	(f) Total (i) Total (ii) 164, 396. 8. 317. 8. 317. 164, 713. ganization, 99.81 % 99.82 %
c Add lines 7a and 7b 8 Public support (Subtract line 7c transfers 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is the check this box and stop here Section C. Computation of Pulled Public support percentage from 20 Section D. Computation of Inventors	30,517 31 31 for the organization blic Support F 8 (line 8, column (f 107 Schedule A, P restment Inco	91 91 91 91 or s first, second, to the second of the secon	99 . 99 . 99 . 99 . 99	32,650 . 38	. 33,740 . 51	(n) Total (n) To
c Add lines 7a and 7b 8 Public support (Subtract line 7c trom line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put 15 Public support percentage from 20 Section D. Computation of Inv.	30,517 31 31 31 for the organization blic Support F 8 (line 8, column (f 07 Schedule A, Poyestment Inco	91 91 91 or's first, second, to the second of the secon	99 hird, fourth, or fift 3, column (f))	32,650 38 38 1. 38 h tax year as a sec	. 33,740 . 51	(f) Total (i) Total (ii) 164, 396. 8. 317. 8. 317. 164, 713. ganization, 99.81 % 99.82 % .19 % .18 %
c Add lines 7a and 7b 8 Public support (Subtract line 7c transfers 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 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.) 14 First five years. If the Form 990 is the check this box and stop here Section C. Computation of Pul 15 Public support percentage for 2006 16 Public support percentage from 20	30,517. 31. 31. 31. 31. 31. 31. 31.	91 91 91 91 91 or s first, second, to second	99 . 99 . 99 . 99 . 100	. 38 38 38 38 38 38 4 In a supported gradient suppo	. 33,740 . 53 . 55 . 55 	(f) Total (i) 164, 396. 8. 317. 8. 317. 164, 713. ganization, 99.81 % 99.82 % .19 % .18 % Iline 17 is not

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

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	\overline{X} 501(c)($\overline{3}$) (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 for both the General Rul	on is covered by the General Rule or a Special Rule . (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes le and a Special Rule. See instructions.)						
General Rule							
	ons filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one Complete Parts I and II.						
Special Rules							
500/-1/41/470/	501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 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 rm 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.						
aggregate cor	501(c)(7). (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, atributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
some contribution \$1,000. (if this	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, utions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than s box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, . Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions of \$5,000 or more during the year.)						
Caution. Organization	ns that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but of one Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to the time the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
LHA For Privacy Act	and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2008						

for Form 990. These instructions will be issued separately.

LITERACY COUNCIL

Name of organization
CLARKSVILLE-MONTGOMERY COUNTY ADULT

Employer identification number

62-1249879

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF CLARKSVILLE MADISON STREET CLARKSVILLE, TN 37040	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate 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	(c) Aggregate contributions	(d) Type of contribution
NO.		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Taxpayers Copy	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CLARKSVILLE-MONTGOMERY COUNTY ADULT LITERACY COUNCIL

Employer identification number 62-1249879

	Organizations Maintaining Donor Advised organization answered 'Yes' to Form 990, Part IV, line 6	i .	
_	organization answered tes to rolling out a	(a) Donor advised funds	(b) Funds and other accounts
	otal number at end of year		
	aggregate contributions to (during year)		
•	aggregate grants from (during year)		
		riting that the assets held in donor a	dvised funds
	to the organization's explicat to the organization's ex	xclusive legal control (
	DR 1000D Does groupe all a contract to the con	visors in writing that grant innes me	, 50 5502 5,
		donor advisor or other intipermission	S Dilvato bellett
¥	Reconservation Easements. Complete if the organic	anization answered Tes to Torri oc	0, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of a	n historically important land area
	Protection of natural habitat	Preservation of c	ertified historic structure
			or contact and the forms of the
	Preservation of open space Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a	conservation easement on the last day
	of the tax year.	•	Held at the End of the Yea
	Total number of conservation easements		2a
•		ucture included in (a)	
1		•+ AP B/3 //ΩN	
•	Number of conservation easements included in (c) acquired a Number of conservation easements modified, transferred, relativestimates and the conservation of the cons	leased, extinguished, or terminated t	by the organization during the taxable
	to conservation eas	sement is located -	 ,
			ns, and
		III EIIIOICIII CASCIIIOIII TIII I	
		entorcing easements during "" > "	" · · · · · · · · · · · · · · · · · · ·
}		A6 29fizia file tedometricing or grand	
	and section 170(h)(4)(B)(ii)?		recess statement, and balance sheet, and
)			
	in Part XIV, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	ation's financial statements that desc	sibes the organization of approximation
	conservation easements.	The state of the s	or Other Similar Assets.
Ŷ	conservation easements. Organizations Maintaining Collections of the Company of	of Art, Historical Treasures,	Of Other Online: 1100222
•	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 6.	
_		the second statement	and balance sheet works of art, historical
1:	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement	of public service, provide, in Part XIV, the tex
	treasures or other similar assets held for public exhibition, e	equication, of research in forms.	sof public softies, provider
	the footnote to its financial statements that describes these	e items.	t balance sheet works of art, historical treasur
	the footnote to its financial statements that describes these If the organization elected, as permitted under SFAS 116, to	o report in its revenue statement and	paralice sheet works of any mounts relating
	 If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, 	or research in furtherance of public	Service, provide the females
	Southerd in Corm 000 Part VIII line 1	•	
	000 D4 V		
	is a second or held works of art, historical to	reasures, or other similar assets to	ilitaticiai gaiti, protico
2	II the orderization received	116 volating to those items:	
2		1 10 relating to these terms	▶ \$
2	the following amounts required to be reported under SFAS		
2	the following amounts required to be reported under SFAS a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		

62-1249879 Page 2

	III Organizations Maintaining C)
3	Using the organization's accession and other	records, check any	of the fo	lowing that	t are a signific	ant use	of its colle	ection iter	ms (chec	k ali	
	that apply):		_								
а	Public exhibition	d	ı 🗀 L	oan or excl	hange prograi	ms					
ь	Scholarly research	- e	. [_] 0	ther					-		
C	Preservation for future generations										
	Provide a description of the organization's co							se in Pari	t XIV.		
	During the year, did the organization solicit or							_	_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
	Trust, Escrow and Custodial reported an amount on Form 990, Par	t X, line 21.						990, Par	t IV, line 9	9, or 	
	Is the organization an agent, trustee, custodi on Form 990, Part X?								Yes		N₀
	if "Yes," explain the arrangement in Part XIV				••••						
•	ii 165, Oxplair tilo arangement iii - arang								Amount		
_	Beginning balance						1c				
	Additions during the year										
							1 . (
f	Distributions during the year										
	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete i	f organization answ	ered 'Yes	to Form 9	990, Part IV, li	ne 10.					
20000000		(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Four	r year:	s back
1a	Beginning of year balance										
	Contributions										
	Investment earnings or losses										
	Grants or scholarships										
_	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as:								
а	Board designated or quasi-endowment		96								
	Permanent endowment ►										
											
	Are there endowment funds not in the posse	ession of the organi	zation tha	t are held a	and administe	ered for t	the organiz	zation			
Ja	by:									Yes	No
	(i) unrelated organizations							••••	. 3a(i)		
	(ii) related organizations										
	If "Yes" to 3a(ii), are the related organization	s listed as required	on Schec	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pa	VI Investments - Land, Buildin	gs, and Equipn	nent. Se	e Form 990	0, Part X, line	10.					
95.693	Description of investment	(a) Cost or			t or other		Depreciation	on	(d) Boo	ok val	ue
	Considered at streether.	basis (inves			(other)		· 				
10	Land										
b	Buildings										
_		1		_							
c	Equipment	L.									
	Other			-	57,383.		57,3	83.			0.
Tota	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, co	lumn (B).					. 🕨			0.
								Schedul	e D (For	m 99	0) 2008

under FIN 48. 832053 12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) Financial derivatives and other financial products	narket value
Closely-held equity interests Other Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year n Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
Closely-held equity interests Other Total. (Col (b) should equal Form 990. Part X. col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of va Cost or end-of-year new cost or end-of-year n	aluation:
Total. (Col (b) should equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year in Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year n Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year in Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year in Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
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Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year in Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
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Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year in Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	aluation:
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of value Cost or end-of-year in Taxpayers Copy Taxpayers Copy Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description of investment type (b) Book value (c) Method of value Cost or end-of-year n Taxpayers Copy Total. (Col (b) should equal form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	
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Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
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.)	. ▶
Total. (Column (b) should equal Form 990, Part X, COLUMN 15137	
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount	
(a) Description of Hability	
Federal income taxes	
I (100)	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶	

chec	ule D (Form 990) 2008 LITERACY COUNCIL			-4	- 02	1247	U, J Tage 4
Pari	XI Reconciliation of Change in Net Assets from Form 990 to F	inang	ial St	atemer	its		39,798.
1	Total revenue (Form 990, Part VIII, column (A), line 12)			· -1 -			37,096.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			2,702.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		 .	3			2,102.
4	Net unrealized gains (losses) on investments	• • • • • • • • • • • • • • • • • • • •		4			
5	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •		5			
6	Investment expenses		••••••	6			
7	Prior period adjustments						
8	Other (Describe in Part XIV)	• • • • • • • • • • • • • • • • • • • •	••••••	8			
9	Tetal adjustments (pet) Add lines 4-8		•••••	9			2,702.
	- Combine lines 3 and 9			10	or Dot	LIFE .	2,102.
Par	**************************************	ts w	in ne	veriue i	er neu		
1	Total revenue, gains, and other support per audited financial statements		•	••••••	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			— −₩		
c	Pacoveries of orior year grants	2c			— ₩		
d	Other (Describe in Part XIV)	20					
e	Add lines 2a through 2d			•••••	_2	?e	
3	Subtract line 2e from line 1					3	
A	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					
h	Other (Describe in Part XIV)	40					
_	Add lines An and Ah				_4	4c	
	This should equal form 990. Part I line 12.)				<u></u>	5	
Pa	WYDE Deconciliation of Expenses per Audited Financial Stateme	<u> ยาเรา</u>	AIUIE	vhei ise	a bei ii	eturn	
1	Total expenses and losses per audited financial statements	••••••	•••••	••••••		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı				
	Donated services and use of facilities	2a	<u> </u>				
- h	Prior year adjustments	2b					
C		2c					
d	Other (Describe in Part XIV)	20					
e	Add lines 2a through 2d				-	2e	
3	Subtract line 2e from line 1					3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
-		4a	<u> </u>				
a	Other (Describe in Part XIV)	4b	<u> </u>		\ [®]		
						4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u></u>		·····		5	
10.							
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines	1a and	4; Part \	/, lines 1b	and 2b; P	art V, line 4; Part
V. E	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
۸, ۲	art Al, line o, r art All, lines 25 210 15,						
_							
_							
_							
_							
_						Schedule	D (Form 990) 20

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

CLARKSVILLE-MONTGOMERY COUNTY ADULT

Employer identification number 62-1249879

Name of 1	the organi	zation	CLF T.TT	TERACY C	OUN	CIL	1DK1			62-1	2498	179
FORM	990,	PART	VI,	SECTION	Г A,	LINE	10:	TREASURER	REVIEWED	FORM	990	BEFORE
		O IRS										
FORM	990,	PART	VI,	SECTIO	<u>я в,</u>	LINE	120	: ANNUAL B	OARD MEET	ING DI	scu	SS
CONF	LICT	OF IN	TERE	ST POLI	CY V	VITH B	OARD	MEMBERS.	·			
												OVIDOR.
FORM	990,	PART	VI,	SECTIO	N C	LINE	19:	AVAILABLE	AT OFFIC	CE UPO	N RE	QUEST.
		_			- -			-				
			 -									
	•	<u>,</u>										
							<u> </u>					
_												

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	0.0	0.0	0	0	o	. 0			20200
Currel						•			
Current Sec 179						•0			
Accumulated Depreciation	122.	234.	4,400.	445.	1,619.	19,028. 57,383.			Son Control of the second seco
Accı Oep	. 26								
Basis For Depreciation	,390	234.	4,400	2,997 445	1,619.	19,028. 57,383.			
Ba: Depi	26	,	,						
* Reduction In Basis	-					• 0	-	_	
Bus % Excl									
Unadjusted Cost Or Basis	,390.	234.	4,400.	2,997. 445.	1,619.	19,028. 57,383.			
Unad Cost O	26	c	4	7	T	19 57			
Ş. S.	16 16		16	16 16	16	17			
Cife	5.00	7.00	5.00	5.00 5.00	00°s	5.00			
Method					Is	1111402200DB5			
Date Acquired	010197SL	112597SL	0701988L 102898SL	102898SI 102898SI	051199SL	11402			
-	0.0	1 1	0 1			EM 1			
	3D	K	ERS	TERS S	PUTE	SYST E 10			
ption	FULLY DEPRECIATED ASSETS FILE CABINET - 4	DISPLAY	4COMPUTERS 5PENT 400 COMPUTERS	GUPGRADE 6 COMPUTERS 7HP 1100 PRINTERS	BZOOW MAC G3 COMPUTER	9L-100 LEARNING SYSTEM * TOTAL 990 PAGE 10 DEPR			
Oescription	EPRE	P DI	RS O CO	6 C PRI	8 U	EARN 990			
	STS	ZDKAWEK 3TABLETOP	4COMPUTERS 5PENT 400	RADE 1100	M MA	OO I OTAI R			
	FULLY ASSET FILE	ZUKAWEK 3TABLET	COM!	SUPG HP	3Z00	9L-1 * T DEP			
Asset No.	1	3 6	4 .	9 /	3	5			

(D) - Asset disposed

828102 04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone