

2008 Exempt Org. Return
prepared for:

**Montgomery Coalition for Adult English
Literacy, Inc.**
12320 Parklawn Drive
Rockville, MD 20852

Saggar & Rosenberg, P.C.
One Church Street, Suite 204
Rockville, MD 20850
(301) 738-9040

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	771,757	548,780	222,977
Other revenue.....	756	0	756
Total revenue.....	772,513	548,780	223,733
EXPENSES			
Grants and similar amounts paid.....	523,374	300,000	223,374
Salaries and employee benefits.....	152,694	146,577	6,117
Professional fees/pymt to contractors....	12,135	0	12,135
Occupancy/rent/utilities/maintenance.....	25,271	25,402	-131
Other expenses.....	44,966	77,764	-32,798
Total expenses.....	758,440	549,743	208,697
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	14,073	-963	15,036
Net assets/fund bal. at beg. of year.....	39,492	0	39,492
Other changes in net assets/fund bal.....	0	40,455	-40,455
Net assets/fund bal. at end of year.....	53,565	39,492	14,073

Change of Address

Department of the Treasury
Internal Revenue Service

G Please type or print.
G See instructions. G Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)
G If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here. G
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)
G For Forms 706 and 706-NA, enter the decedent's name and social security number below.

G Decedent's name

G Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5 Prior name(s). See instructions.	
6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.
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Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)
- 9 Employee plan returns (Forms 5500, 5500-EZ, etc)
- 10 Business location

11a Business name Montgomery Coalition for Adult English Literacy, Inc.	11b Employer identification number 20-8015355
12 Old mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no. 10605 Concord Street #440 Kensington, MD 20895	
13 New mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no. 12320 Parklawn Drive Rockville, MD 20852	
14 New business location (no., street, city or town, state, & ZIP code). If a foreign address, see instructions. Room or suite no. 12320 Parklawn Drive Rockville, MD 20852	

Part III Signature

Daytime telephone number of person to contact (optional)

G

Sign Here

A Your signature

Date

A if Part II completed, signature of owner, officer, or representative

Date

A If joint return, spouse's signature

Date

A Executive Director

A Title

Form **8879-E O**

IRS *e-file* Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009.

Department of the Treasury
Internal Revenue Service

G Do not send to the IRS. Keep for your records.
G See instructions.

2008

Name of exempt organization **Montgomery Coalition for Adult English Literacy, Inc.** Employer identification number **20-8015355**

Name and title of officer
Rachel Glass **Executive Director**

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here.	G <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1 b	
2 a Form 990-EZ check here.	G <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	<u>772,513.</u>
3 a Form 1120-POL check here.	G <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here.	G <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here.	G <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Saggar & Rosenberg, P.C. to enter my PIN 00230 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G _____ Date G _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52540742956
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature G Susan J Rosenberg Date G 12/16/2009

ERO Must Retain This Form ' See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**Short Form
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)

2008

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable:	C Please use IRS label or print or type. See Specific Instructions.	D Employer identification number
<input checked="" type="checkbox"/> Address change	Montgomery Coalition for Adult English Literacy, Inc. 12320 Parklawn Drive Rockville, MD 20852	20-8015355
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(301) 881-1136
<input type="checkbox"/> Termination		F Group Exemption Number..... G
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) **G**

I Website: **G** www.MCAEL.org

J Organization type (check only one) 501(c) (3) **H** (insert no.) 4947(a)(1) or 527

H Check **G** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check **G** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G** \$ 772,513.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received	1	<u>771,757.</u>
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here G <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe G <u>See Statement 1</u>)	8	<u>756.</u>
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) G	9	<u>772,513.</u>
EXPENSES	10 Grants and similar amounts paid (attach schedule) <u>See Statement 2</u>	10	<u>523,374.</u>
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	<u>152,694.</u>
	13 Professional fees and other payments to independent contractors	13	<u>12,135.</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>25,271.</u>
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe G <u>See Statement 3</u>)	16	<u>44,966.</u>
	17 Total expenses (add lines 10 through 16) G	17	<u>758,440.</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>14,073.</u>
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>39,492.</u>
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 G	21	<u>53,565.</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	<u>34,759.</u>	22	<u>63,810.</u>
23 Land and buildings		23	
24 Other assets (describe G <u>See Statement 4</u>)	<u>10,671.</u>	24	<u>17,069.</u>
25 Total assets	<u>45,430.</u>	25	<u>80,879.</u>
26 Total liabilities (describe G <u>See Statement 5</u>)	<u>5,938.</u>	26	<u>27,314.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>39,492.</u>	27	<u>53,565.</u>

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G <u>37 a</u> <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b <u>N/A</u>		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39 a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities. 39 b <u>N/A</u>		
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u>		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization. G <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed G <u>MD</u>		

42 a The books are in care of G The Organization Telephone no. G 240-514-0172
 Located at G 12320 Parklawn Drive Rockville MD ZIP + 4 G 20852

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: G _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: G _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here G N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 8

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
	b If 'Yes,' was the related organization(s) a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000. G				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000. G		

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

Sign Here: *Rachel Glass* Signature of officer Date: 11/21/09
 Rachel Glass Executive Director
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: Susan J Rosenberg Date: 12/16/09 Check if self-employed: Preparer's Identifying Number: N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Saggar & Rosenberg, P.C. One Church Street, Suite 204 Rockville, MD 20850
 EIN: G N/A Phone no. G: (301) 738-9040

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
 BAA Form 990-EZ (2008)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')				548,780.	771,757.	1,320,537.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	0.	0.	0.	548,780.	771,757.	1,320,537.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						1,320,537.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0.	0.	0.	548,780.	771,757.	1,320,537.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.					756.	756.
11 Total support. Add lines 7 through 10						1,321,293.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						G <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	G <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests ' 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

b 33-1/3 support tests ' 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Miscellaneous					
	756.				
Total	<u>\$ 756.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization **Montgomery Coalition for Adult English
Literacy, Inc.**

Employer identification number
20-8015355

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations 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 they must answer 'No' on 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 certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Montgomery Coalition for Adult English

20-8015355

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Comcast c/o Montgomery College Fnd. 900 Hungerford Dr Suite 200 Rockville, MD 20850	\$ 25,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Lockheed Martin Foundation 6801 Rockledge Drive Bethesda, MD 20817	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Montgomery Coalition for Adult English

20-8015355

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		

Name of organization

Montgomery Coalition for Adult English

Employer identification number

20-8015355

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e)
Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e)
Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e)
Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e)
Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Statement 1
 Form 990-EZ, Part I, Line 8
 Other Revenue

Miscellaneous.....	\$	756.
Total	\$	<u>756.</u>

Statement 2
 Form 990-EZ, Part I, Line 10
 Grants and Similar Amounts Paid

Class of Activity:	Capacity Building	
Donee's Name:	See attached - Grants over \$5,000	
Donee's Address:	Various	
	Various, MD 20852	
Relationship of Donee:	See attached	
Cash Amount Given:		\$ 523,374.

Statement 3
 Form 990-EZ, Part I, Line 16
 Other Expenses

Bank Service Charges.....	\$	110.
Depreciation.....		1,261.
Insurance.....		1,740.
Miscellaneous.....		2,229.
Office Expenses.....		12,909.
Payroll Processing Costs.....		1,081.
Program Activities.....		20,599.
Travel.....		5,037.
Total	\$	<u>44,966.</u>

Statement 4
 Form 990-EZ, Part II, Line 24
 Other Assets

	Beginning	Ending
Accounts Receivable.....	\$ 4,967.	\$ 7,424.
Deposits.....	0.	1,575.
Furniture and Fixtures.....	5,016.	5,857.
Prepaid Expenses and Deferred Charges.....	688.	2,213.
Total	<u>\$ 10,671.</u>	<u>\$ 17,069.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 5,938.	\$ 15,651.
Deferred Revenue.....	0.	11,663.
Total	<u>\$ 5,938.</u>	<u>\$ 27,314.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The Montgomery Coalition for Adult English Literacy (MCAEL) is dedicated to strengthening the county-wide adult English literacy network with resources, training, collaborations and advocacy to support a thriving community and an optimal work force. We envision a culturally dynamic community where all adult residents are employable, engaged, and empowered by literacy to achieve their full potential, and where all local businesses have access to an English literate work force.

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Aryani Ong, Esq 12320 Parklawn Drive Rockville, MD 20852	President 15.00	\$ 0.	\$ 0.	\$ 0.
Gie Kim 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Briana Gowing 12320 Parklawn Drive Rockville, MD 20852	President-Elect 2.00	0.	0.	0.
Ruth Burgos-Sasscer 12320 Parklawn Drive Rockville, MD 20852	Director 2.00	0.	0.	0.
James Chang 12320 Parklawn Drive Rockville, MD 20852	Treasurer 2.00	0.	0.	0.
Pamela Saussy 12320 Parklawn Drive Rockville, MD 20852	Secretary 2.00	0.	0.	0.

Statement 7 (continued)
 Form 990-EZ, Part IV
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Farrah Jolly 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Marcos Pesquera 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Lawrence Pignone 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Cecilia Rojas 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Clarice Somersall 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Rich Thometz 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Rachel Glass 12320 Parklawn Drive Rockville, MD 20852	Executive Direc 40.00	75,000.	0.	0.
Tiff Heath 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Alice Eldridge 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Emma Munoz 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Josh Jeffries 12320 Parklawn Drive Rockville, MD 20852	Director 1.00	0.	0.	0.
Deborah Bhattacharyya(Dec'd) 12320 Parklawn Drive Rockville, MD 20852	Program Manager 40.00	59,281.	1,673.	0.
Total		<u>\$ 134,281.</u>	<u>\$ 1,673.</u>	<u>\$ 0.</u>

Statement 8
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

<u>Class</u>	<u>Donee Name & Address</u>	<u>Organizational Relationship (if any)</u>	<u>Amount</u>
Capacity Building	African Immigrant and Refugee Foundation 11350 Baroque Road Silver Spring, MD 20901		27,285
Capacity Building	CASA of Maryland 310 Tulip Avenue Takoma Park, MD 20912		99,000
Capacity Building	Chinese Cultural and Comm. Services Ctr. 16039 Comprint Circle Gaithersburg, MD 20877		30,000
Capacity Building	Community Ministries of Rockville - LOP 1010 Grandin Ave, Suite A1 Rockville, MD 20851	Employs a Director	66,750
Capacity Building	Korean-American Senior Citizens Assoc. 13421 Georgia Avenue # 117 Silver Spring, MD 20906		10,000
Capacity Building	Literacy Council of Mont. Co. 21 Maryland Avenue, Suite 320 Rockville, MD 20850	Employs an Officer	50,000
Capacity Building	MCPS Foundation c/o Linkages to Learning 51 Monroe St., Suite 1700 Rockville, MD 20850		20,000
Capacity Building	Mental Health Association - FFC 1109 Spring Street Suite 300 Silver Spring, MD 20910		25,000
Capacity Building	Montgomery Housing Partnership 12200 Tech Road Suite 250 Silver Spring, MD 20904		8,400
Capacity Building	Rockville Seniors Inc. 1150 Carnation Drive Rockville, MD 20850		13,000
Capacity Building	Silver Spirng Team - Children & Fams. PO Box 3578 Silver Spring, MD 20918		9,225
Capacity Building	Spanish Catholic Ctr - Catholic Charities Attn: Grants/Contracts Mgr 1618 Monroe Street NW Washington, DC 20010		64,240
Capacity Building	Spanish Education Development Center 1840 Kalorama Road, NW Washington, DC 20009		94,980
	All others \$ 5,000 or less		5,494
	Total		523,374