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## Filed In Lieu of Form 990-N

Filing Relief VCP

OMB No 1545-1150

2007

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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

The organization may have be used a copy of the return to satisfy state reporting requirements.

Open to Public Inspection

[  i	Depa nter	irtment o	of the Treasury Inue Service	·	The organ	ization may have	end of the year may use t to use a copy of this return	his form n to satisfy	state repo	rting requirement	ts		Ins	spection	
-					, or tax year beginn		0/08 , and ending		30/0			-,			لــــا
E	_		applicable	Please	C Name of organiz		, and the second		/	7	D	Emp	lover identif	ication numb	 oer
٦	٦.		change	use IRS							_		,		
<u> </u>	┑.	Name cl	-	label or	DOWNTOWN	JOHNSON	CITY FOUND	ATIO	N			26	-35979	67	
]		Initial ref	•	print or type	Number and stre	eet (or PO box, i	f mail is not delivered to sti	reet addres	ss)	Room/suite	E	Tele	phone numl	ber	_
Γ	7	Termina	tion	See	300 E MAI	N ST				103		42	3-928-	2988	
Γ	7	Amende	d return	Specific Instruc-	City or town, sta	te or country, and	ZIP + 4				F	Grou	p Exemptio	n	_
		Applicati	on pending	tions	JOHNSON C	CITY	TN 376	59				Num	ber	<b>&gt;</b>	
		• Sec	tion 501(c)(3	B) organı	zations and 4947(a)	(1) nonexemp	t charitable trusts mu	st attach	)	G Accounting	g me	thod	X Cash	Accrual	_
_					npleted Schedule A		990-EZ).			Other (specify)	▶				
! J		Websit			DEVELOPMEN					H Check ▶	X	if the	organization		
اِ اِ		Organı	zation type (	check onl	y one)— X 501(c) (	3 ) <b>∢</b> (ins	ert no ) 4947(a)(	1) or	527	Schedule 8	3 (Fc	o atta orm 99	ch 0, 990-EZ, or	990-PF)	
į P	(	Check	► X if th	ne organ	zation is not a section	on 509(a)(3) su	pporting organization a	ind its gro	oss recei	ots are normall	y no	t mor	e than \$25,	000 A return	ก เร
<u> </u>							sure to file a complete								
Ī							f \$100,000 or more, file						<del></del>	<del></del>	
_	P	art I					et Assets or Fun	<u>d Balar</u>	ices (S	<u>ee page 55</u>	<u>ot</u>	the	nstructio	ns)	
		1			nts, and similar amounts						-	1			
		2	Program se	rvice rev	enue including gove	triment fees an	d contracts				-	2			
		3	Membership	o dues a	d as sesso ents						-	3			
		4	Investment	incomes		<u> </u>		1 1	Į		-	4			-
: 			5a Gross amount from sale of assets of entire inventory 5a 5a							-					
I			b Less cost or other basis and sales expenses  Source (less) from sale of assets other than the state of the sales for the sales of assets of the sales of the sales of assets of the sales of the sal							$\dashv$	5c				
	e e	c	Gain or (loss) from sale of assets other than inventify. Subtract line 5b from line 5a (attach schedule)  Special events and activities (attach schedule) If any amount is from gaming, check here									30			-
	enı	6	Gross rever	1111	<i>u</i>	edule) II aliy a	of contributions	, CHECK HE	C1 C						
	Revenue	а	reported on				Of Contributions	6a	1		-	1			
		b	Less direct expenses other than fundraising expenses  6b						ᅥ						
		c		•			Subtract line 6b from li			-	╗	6c			
		7a			tory, less returns an			7a							_
		b	Less cost of		•			7b			7				
		С		_	from sales of invent	tory Subtract li	ne 7b from line 7a					7c			
		8	Other reven	ue (desc	ribe 🕨	·					) [	8			_
		9	Total reven	ue Add	lines 1, 2, 3, 4, 5c, 6	ic, 7c, and 8				1	_[	9			0
- I		10	Grants and	sımılar a	mounts paid (attach	schedule)					L	10		<u>.                                    </u>	_
		11	Benefits par	id to or fo	or members							11			
	S	12	Salaries, oth	her comp	ensation, and emplo	oyee benefits					L	12			
2010	pense	13	Professiona	ıl fees an	d other payments to	independent o	ontractors				L	13			
~ ~	xpe	14	Occupancy	, rent, uti	lities, and maintenar	nce					-	14			
<b>8</b>	ш	15			s, postage, and ship	ping					-	15			
1 -		16	Other exper								)	16	<del></del>		~
<u>Q</u> .	<b>'</b> 0	17			d lines 10 through 16						-	17		1	<u>0</u>
2	Net Assets	18		-	or the year Subtract							18			
	As	19				•	olumn (A)) (must agree with e	nd-ot-year tig	jure reported	on prior year's return	"	19			
2	Net	20		_	t assets or fund bala	*	•				╮├	20		-	0
<b>%</b> -		21 art II			alances at end of ye		olumn (B) are \$250,000	) or more	file Form	000 instead 6	7 E		00 57	<del></del>	<u>~</u>
SCANNED NOV		ut t fl	Daiali		e page 60 of the inst		Juliii (D) ale 3230,000	, or more		Beginning of year		7111 9	(B) End	of year	-
	"	Cash s	savings, and	•		10000113 )			<u> </u>	zegmining of year	Т	22		or year	-
			nd buildings							<del></del>	$\dashv$	23		_	_
			assets (descr	nbe 🕨				)				24			-
		Total a	•	*		<del></del> _				<del></del>	0	25			0
			abilities (des	scribe 🕨				)			0	26_			0
2	27	Net as:	sets or fund	balance	s (line 27 of column	(B) must agree	e with line 21)				0	27			0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2007)

Form 990-EZ (2007)

0 36

37b

38a

37a

38b

39a

39b

Х

Х

X

39

statement

501(c)(7) organizations Enter

37a Enter amount of political expenditures, direct or indirect, as described in the instr

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were

any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount

Did the organization file Form 1120-POL for this year?

Initiation fees and capital contributions included on line 9

Gross receipts, included on line 9, for public use of club facilities

orm	990-EZ (	2007) <b>DO</b> W	NTOWN	JOHN	SON C	CITY	FOUND	ATION	26-3	3597	967			1	Page 3
	irt V	Other Infor							ral Instruc	ction V	'.) (Conti	nued)			
10a	501(c)(3	) organizations													
	section 4								o , section	4955 ▶	·		0		
b	501(c)(3)	and (4) organization							— action during th	ne				Yes	No
		d it become aware											40	b	X
С		nount of tax imp													T
-		under sections				·	·	•		<b>&gt;</b>			0		
d	-	nount of tax on I				anization				<b>&gt;</b>			0		
е		izations At any					nization a p	arty to a proh	ibited tax she	elter			_		
-	transacti			,	·	_	·						40	э	X
11		states with which	n a copy of	f this return	ıs filed 🕨	NO	NE								
12a		ks are in care of								Te	lephone no	▶	423-9	28-2	2988
				' MAIN											
	Located	at ▶ JOH	INSON	CITY,	TN						ZIP + 4	<b>•</b>	37659	)	
b	At any tii	me during the c	alendar ye:	ar, did the	organizati	on have	an interest	in or a signa	ture or other	authority	y				
		nancial account												Yes	No
	account)		_	•									42	b	X
	If "Yes,"	enter the name	of the fore	ign country	<b>y</b> ▶										
	See the	instructions for	exceptions	and filing	requireme	ents for F	orm TD F	0-22.1							
С		me during the ca							he U S ?				42		<u> </u>
		enter the name													_
43	Section	4947(a)(1) none	xempt cha	ritable trus	ts filing F	orm 990-	EZ ın lıeu d	f Form 1041	—Check her	e					▶ ∐
		r the amount of									<b>•</b>	43			
		Under penalties	of perjury.	declare that	I haye exam	nined this	return, includ	ing accompan	ying schedules	and state	ements, and	to the bes	t of my knov	rledge	
Plea	ase	and belief, it is to	ue, correct	and complet	e peclarat	ion of prep	oarer (other ti	ian officer) is b	ased on all into	ormation (	of which prep	arer nas :	any knowled	ge	
Sigi	i		Leura .	m	<del></del>	•				Date	10/12/	110	_		
Her		Signature o	NNE M	ı. KUZE	ינוא				DIREC		•				
			it name and		11114			_		1010					
			-			_,	4 .11		Date _	,	Check if		Preparer	s SSN o	r PTIN
Paid	,	Preparer's	no.	n 1	1.1	- led	hill G	PA	10/5/1	10	self-		(See Ger	ı İnstr X	<b>()</b>
	parer's	signature							1-1-11		employed	<b>&gt;</b>			
	Only	Firm's name (or						P.C.,				EIN	<u>▶ 62-</u>	1516	<u>392</u> د
Jat	Cirry	if self-employed	)	PRINC	ETON	PROF	'. BLD	G 136 I	PRINCE	ON I	RD	Phone			

37601

JOHNSON CITY, TN

423-926-5138

Form **990-EZ** (2007)

no 🕨

if self-employed)

address, and ZIP + 4

SCHEDULE A (Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2007

2007

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number DOWNTOWN JOHNSON CITY FOUNDATION 26-3597967 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one. If there are none, enter "None ") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation per week devoted to position than \$50,000 & deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

che	edule A (Form 990 or 990-EZ) 2007 DOWNTOWN JOHNSON CITY FOUNDATION 26-3597	967	F	age 2
	art III Statements About Activities (See page 2 of the instructions )		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			**
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
а	Sale, exchange, or leasing of property?			х
b	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Transfer of any part of its income or assets?	2e		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)			х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a		х
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	art i	V Reason for Non-Private Found	ation Status (See	pages 4 through 8	3 of the inst	tructions)	
cert 5	tify th	nat the organization is not a private foundation b A church, convention of churches, or association			le box )		
6		A school Section 170(b)(1)(A)(ii) (Also complete	ete Part V)				
7		A hospital or a cooperative hospital service org	anization Section 170(t	b)(1)(A)(III)			
8		A federal, state, or local government or govern	mental unit Section 170	D(b)(1)(A)(v)			
9		A medical research organization operated in co	onjunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's name	e, city,
		and state ▶					
10		An organization operated for the benefit of a co (Also complete the <b>Support Schedule</b> in Part I		ed or operated by a gov	ernmental uni	t Section 170(b)	)(1)(A)(ıv)
11a	X	An organization that normally receives a substation 170(b)(1)(A)(vi) (Also complete the <b>Support S</b>		from a governmental u	nit or from the	general public	Section
11b		A community trust Section 170(b)(1)(A)(vi) (A	lso complete the Suppo	ort Schedule in Part IV	-A )		•
12		An organization that normally receives (1) more from activities related to its charitable, etc., fun from gross investment income and unrelated be organization after June 30, 1975. See section 5	ctions-subject to certain usiness taxable income	exceptions, and (2) no (less section 511 tax)	more than 3 from business	3 1/3% of its sup es acquired by t	pport
13		An organization that is not controlled by any discrequirements of section 509(a)(3) Check the b	ox that describes the tyl	pe of supporting organi	zation be III-Other		2
		Provide the following inform	ation about the suppor	rted organizations. (Se			
		(a)	(b)	(c)	(4	d)	(e)
		Name(s) of supported organization(s)	Employer	Type of	Is the su	upported	Amount of
			ıdentıfıcation	organization	organizatio	on listed in	support
			number (EIN)	(described in lines	the sup	porting	
				5 through 12	organiz	zatıon's	
				above or IRC section)	governing o	documents?	
					Yes	No	
	•						
			-				<del>-</del> -
_	•						<del></del>
			<u> </u>	L	1	<b>\</b>	
Tota					_		
14		An organization organized and operated to tes	t for public safety. Section	on 509(a)(4) (See page	e 8 of the instr	uctions)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note	You may use the worksheet in the instru					T
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts grants, and contributions received (Do					_
	not include unusual grants. See line 28.)					0
16	Membership fees received					0
17	Gross receipts from admissions, merchandise					
	sold or services performed or furnishing of					
	facilities in any activity that is related to the	l				
	organization's charitable, etc., purpose					0
18	Gross income from interest dividends					
	amounts received from payments on securities loans (section 512(a)(5)) rents, royalties,					
	income from similar sources and unrelated business taxable income (less section 511					
	taxes) from businesses acquired by the organization after June 30, 1975					0
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					0
21	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
22	Other income Attach a schedule Do not include gain or (loss) from					
	sale of capital assets				<del>                                     </del>	0
23	Total of lines 15 through 22					0
24	Line 23 minus line 17					
<u>25</u>	Enter 1% of line 23				<b>N</b> 100	0
26	Organizations described on lines 10 or				▶ 26a	
b	Prepare a list for your records to show the		-			
	governmental unit or publicly supported					
	amount shown in line 26a Do not file th	•		all these excess amount		····
С	Total support for section 509(a)(1) test 8				▶ <u>26c</u>	
d	Add Amounts from column (e) for lines	18				
		22	26b		▶ <u>26d</u>	
е	Public support (line 26c minus line 26d to	•			▶ 26e	
f	Public support percentage (line 26e (n				▶ 26f	%
27	Organizations described on line 12			and 17 that were receive		
	person," prepare a list for your records to				each "disqualified per	son "
	Do not file this list with your return Er	iter the sum of such a	mounts for each yea	r		N/A
	, ,	005)	(20	•	(2003)	
þ	For any amount included in line 17 that v					
	show the name of, and amount received					
	(Include in the list organizations describe					
	the difference between the amount recei	ved and the larger am	ount described in (1)	or (2), enter the sum of	these differences (the	excess
	amounts) for each year					N/A
	(2006) (2	(005)	(20	04)	(2003)	
С	Add Amounts from column (e) for lines	15				1
	17	20	21		▶ 27c	
d	Add Line 27a total	and line 27	b total		▶ 27d	
е	Public support (line 27c total minus line	27d total)		1 1	▶ 27e	
f	Total support for section 509(a)(2) test	Enter amount from line	e 23, column (e)	▶ 27f		
g	Public support percentage (line 27e (n	umerator) divided by	line 27f (denomina	tor))	▶ 27g	%
h	Investment income percentage (line 18	3, column (e) (numer	ator) divided by line	27f (denominator))	▶ 27h	%
28	Unusual Grants For an organization de			•	-	
	prepare a list for your records to show, for					
	description of the nature of the grant Do	not file this list with	your return Do not	include these grants in I	ine 15	

Private School Questionnaire (See page 9 of the instructions) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following 32 Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory b 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33 33a Students' rights or privileges? 33b Admissions policies? Employment of faculty or administrative staff? 33c 33d Scholarships or other financial assistance? 33e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

-	art VI-A Lobbying Expend						tructi		7 Page 6
P	(To be completed						N/A		
Che	ck ▶ a If the organization belo	ngs to an affiliated gro	up Check	b if	you chec	ked "a" and	i "limite	d contro	ol" provisions apply
		Lobbying Exper				( <b>a</b> Affiliated tota			(b) To be completed for all electing organizations
		tures" means amounts							
	Total lobbying expenditures to influence				36				
	Total lobbying expenditures to influence		ect lobbying)		37				
38	Total lobbying expenditures (add lines	36 and 37)			38			-	
	Other exempt purpose expenditures				39	<del></del> -			
	Total exempt purpose expenditures (ac				40				
	Lobbying nontaxable amount Enter the								
	If the amount on line 40 is-		ntaxable amount is-						
	Not over \$500,000	20% of the amount		000					
	Over \$500,000 but not over \$1,000,000		of the excess over \$500,	L L	41				
	Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,00 of the excess over \$1,500		41	, , , , , , , , , , , , , , , , , , , ,			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pius 5% ( \$1,000,000	of the excess over \$1,500	,000					
	Over \$17,000,000 Grassroots nontaxable amount (enter 2				42				
	Subtract line 42 from line 36 Enter -0-		line 36		43	-			
	Subtract line 41 from line 38 Enter -0-				44				
	Caution If there is an amount on either	r line 43 or line 44, you	must file Form 4720						
			aging Period Und						
	(Some organization	ons that made a sectio					e colum	ns belo	)W
		See the instructions for	r lines 45 through 50	on page 13 o	of the ins	tructions )			
			Lobbying Expe	nditures Di	ırıng 4-Y	ear Averag	ıng Per	ıod	
	Calendar year (or	(a)	(b)	(с	)		(d)		(e)
	fiscal year beginning in)	2007	2006	200	)5	2	004		Total
45	Lobbying nontaxable amount								
_	Lobbying ceiling amount (150% of								
	line 45(e))		· <del></del>						
47	Total lobbying expenditures			_		ļ			
	Grassroots nontaxable amount		<del></del>			_			
	Grassroots ceiling amount (150% of								
	line 48(e))								
50	Grassroots lobbying expenditures								
	Part VI-B Lobbying Activity	y by Nonelecting	<b>Public Charities</b>			•			
	(For reporting onl	y by organizations	s that did not con	<u>ıplete Pa</u>	t VI-A)	(See pa	ge 14	of the	instructions)N/A
	ring the year, did the organization attem				ig any		Yes	No	Amount
atte	empt to influence public opinion on a leg	jislative matter or refer	endum, through the u	se of					-
а									
b	Paid staff or management (Include o	ompensation in expens	ses reported on lines	through h.)	+				
С							-		<del>-</del>
d	•						<del>                                     </del>		· · ·
е	• •						-		
f	Grants to other organizations for lob			_ 4			<del></del>		
g							<del></del>	-	
h			lectures, or any other	means					
1	Total lobbying expenditures (Add line of the above, also attempted to any of the above, also attempted to the above of the		a detailed description	of the John	una activ	ities	L	<u>-</u>	
	ii res to any or the above, also att	aci a statement giving	a actaned description	. 51 and 1000)	g activ				

Sc <u>he</u>	edule A (Form	1 990 or <u>99</u> 0-EZ) 2007	DOWNTO	OWN JOHNSON CITY	FOUNDATION 26-359796	7	Р	age 7
Pa	art VII	Information Reg	arding Tr	ansfers To and Transaction	ns and Relationships With Nonchar	itable		
				ee page 14 of the instruction				
51					with any other organization described in section	)		
	501(c) of the	e Code (other than sed	ction 501(c)(	<ol><li>organizations) or in section 527,</li></ol>	relating to political organizations?			
а	Transfers from	om the reporting orgar	nization to a	noncharitable exempt organization	of		Yes	No
	(ı) Cash					51a(ı)		X
	(II) Other	assets				a(iı)		X
b	Other transa	actions						
	(i) Sales	or exchanges of asse	ts with a nor	ncharitable exempt organization		b(ı)		Х
	(II) Purch	ases of assets from a	noncharitab	le exempt organization		b(11)		Х
	(III) Renta	il of facilities, equipme	nt, or other a	essets		b(III)		Х
	(IV) Reimb	oursement arrangemei	nts			b(iv)		X
	(v) Loans	or loan guarantees				b(v)		Х
	(vi) Perfor	rmance of services or	membership	or fundraising solicitations		b(vi)		X
С	Sharing of fa	acilities, equipment, m	ailing lists, c	other assets, or paid employees		С		X
d	_		-		mn (b) should always show the fair market value	e of the		
					zation received less than fair market value in an			
		=	•	olumn (d) the value of the goods, o				
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sha	arıng arrange	ments	
$\overline{N/}$	A		<del>                                     </del>					
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		-						
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			L		<u></u>			
52a	_	<del>-</del>		d with, or related to, one or more to		. $\Box$		a
	described in	section 501(c) of the	Code (other	than section 501(c)(3)) or in section	n 527?	► [] Ye	es X	No
b	If "Yes," con	nplete the following so	hedule		· · · · · · · · · · · · · · · · · · ·			
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
	N/A							
		<u></u>						
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			···			
		Expenses 0	0	0	0	0
		Benefits 0	0	0	0	
	s, Trustees and Key	Compensation 0	0	0	0	0
Statements	t of Officers, Director	Average Hours	0	0	0	0
JNDATION <b>Federal S</b>	Statement 1 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key	Title	PRESIDENT	VICE-PRES	SECRETARY	TREASURER
19030 DOWNTOWN JOHNSON CITY FOUNDATION 26-3597967 FYE. 6/30/2008	Statement 1 - Fo	Name and Address SUZANNE M. KUEHN 300 E. MAIN ST JOHNSON CITY IN 37659	RICHARD STOREY P.O. BOX 1265 JOHNSON CITY TN 37605	TIM JONES 824 E. MYRTLE AVE JOHNSON CITY TN 37601	DUFFIE JONES 1706 SOUTHWEST AVE JOHNSON CITY IN 37604	RICHARD MANAHAN P.O. BOX 70712 JOHNSON CITY TN 37614