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Form 990-EZ

OMB No 1545-1150 2008

Open to Public Inspection

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations 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

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service For the 2008 calendar year, or tax year beginning

В	Check if	applicable	Please	C Name of organization	D Em	ployer identification number
Н	Address	•	use IRS label or			0.500405
Н	Name ch	nange	print or	RALPH BUCKNER FOUNDATION		-3520425
Н	Initial ret		type. See	,		ephone number
Н	Termina		Specific	3000 RALPH BUCKNER BLVD		3-472-0821
Н	Amende		Instruc-			oup Exemption
LLL		ion pending	tions.	CLEVELAND TN 37311		mber •
	• Seci	tion 501(c)(3		ations and 4947(a)(1) nonexempt charitable trusts must attach  G Accounting		X Cash Accrual
_	Mobait	e: N/		pleted Schedule A (Form 990 or 990-EZ).  Other (specify)		
ا <u>ا</u>				one)— X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 H Check ► required to 990-EZ, or	attach So	e organization is <b>not</b> chedule B (Form 990,
K	Check	▶ ∐ If th	ne organi	ation is not a section 509(a)(3) supporting organization and its gross receipts are normally	not mo	ore than \$25,000 A return
	is not re	equired, but r	f the orga	nization chooses to file a return, be sure to file a complete return		
<u>L</u>	Add lines			to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b> :	
F	art I	Reven	<u>iue, Ex</u>	penses, and Changes in Net Assets or Fund Balances (See the instru	<u>ictions</u>	s for Part I.)
	1	Contributions,	gıfts, graı	ts, and similar amounts received	1	
	2	Program ser	rvice rev	nue including government fees and contracts	2	
	3	Membership	dues ar	d assessments	3	<u>.                                    </u>
9	₽4	Investment	income		4	30
,	₽ 5a	Gross amou	int from :	ale of assets other than inventory 5a	_	
(	<b>≥</b> 20 b	Less cost o	or other b	sis and sales expenses 5b:	_	
•	o⇔ c	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	_5c	
'n	<b>£</b> 6	Special events	s and activ	ties (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here		
Revenue	₹ a	Gross reven	iue (not i			
ď	Ь	reported on	line 1)	6a 128,80		
	L b	Less direct	expense	s other than fundraising expenses 6b 89,98	1	
	爲c	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)	6c	38,821
	₹7a	Gross sales	ross sales of inventory, less returns and allowances 7a		_	
	(%) b	Less cost of goods sold 7b			_	
	<sup>⊚</sup> 0° c	Gross profit	or (loss)	from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other reven	ue (desc	ibe •	8	
	9	Total reven	ue. Add	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	38,851
	10	Grants and	sımılar a	nounts paid (attach schedule)	10	14,150
	11	Benefits par	d to or fo	members 8 MAR 1 9 2010	11	
Ş	12	Salaries, oth	ner comp	ensation, and employee benefits	12	
us.	13	Professiona	l fees an	other payments to independent contractors	13	75
Expenses	14	Occupancy,	rent, uti	ties, and maintenance OGDEN, UT	14	
Ш	15	• • •		postage, and shipping	15	
	16	Other exper	ises (des	cribe SEE STATEMENT 1	16	50
_	17			lines 10 through 16	17	14,275
Net Assets	18			the year (Subtract line 17 from line 9)	18	24,576
Ass	19	Net assets or	fund balaı	ces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	6,447
<u>e</u>	20	Other chang	ges in ne	assets or fund balances (attach explanation)	20	
				lances at end of year Combine lines 18 through 20	21	31,023
F	Part II	<u>Balan</u>	<u>ce She</u>	ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of	f Form	
			-	the instructions for Part II )  (A) Beginning of year		(B) End of year
22	Cash, s	savings, and	ınvestme	nts6,44	7 22	26,530
23	Land a	nd buildings			23	
24	Other a	issets (descri	ibe 🕨	SEE STATEMENT 2	24	4,493
	Total a		_	6,44	_	31,023
		abilities (des			0 26	0
			_	(line 27 of column (B) must agree with line 21) 6,44	7 27	31,023
For	r Privacy	y Act and Pa	perwork	Reduction Act Notice, see the Instructions for Form 990.		Form <b>990-EZ</b> (2008)

Form 990-EZ (2008) RALPH BUCKNER FOUNDATION		-3520425				Page 2
Part III Statement of Program Service Accomplishments (S	See the instruc	<u>tions for Part I</u>	II.)_		-	penses
What is the organization's primary exempt purpose?						d for 501(c)(3)
SEE STATEMENT 3				1		rganizations
Describe what was achieved in carrying out the organization's exempt purposes. In a describe the services provided, the number of persons benefited, or other relevant in						'(a)(1) trusts, for others )
28 ASSISTANCE THROUGH LOCAL CHARITABLE AND EDUCATIONL	normation for each	program title		H	puonari	or others)
ORGANIZATIONS TO IMPROVE EDUCATION AND QUALITY OF LIFE						
The second secon					ı	
(Grants \$ 14,150) If this amount includes foreign grants, ch	eck here	•	П	28a		14,150
29						<u></u>
				-		
			_			
(Grants \$ ) if this amount includes foreign grants, ch	eck here	<u></u>	Ш.	29a		
30						
(Grants \$ ) If this amount includes foreign grants, ch	ook have	_	Ш	30a		
(Grants \$ ) If this amount includes foreign grants, ch 31 Other program services (attach schedule)	eck nere		ш	30a	·	
(Grants \$ ) If this amount includes foreign grants, ch	eck here	•	Γ	31a		
32 Total program service expenses (add lines 28a through 31a)	<del>ook nord</del>		▶	32		14,150
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	ch one even if not	compensated (Se	e the	ınstru	ctions fo	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) emplo	Contribi oyee bene		(e) Expense
RALPH BUCKNER, JR	PRESIDENT	0.110. 0 1,	10.0		70110011011	- Caret allocations
					0	0
LINDA HUNT	DIRECTOR					
		C			0	0
BECKY BUCKNER	DIRECTOR		1			
	ļ	<u> </u>	-		0	0
CHARI BUCKNER	DIRECTOR				ļ	
		<u></u>			0	0
			$\vdash$			
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Pa	ort V Other Information (Note the statement requirements in the instructions for Pai	rt VI.)			
•				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		33		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		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>				
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporti	ıng,	1		[
	and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr				
b	Did the organization file Form 1120-POL for this year?		37b		X
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?		38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶			1	
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transactions.				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete So	chedule	}		
	L, Part I		40b	<del> </del>	X
С	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization	<del></del>	<del></del>		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			<del> </del>	
	transaction? If "Yes," complete Form 8886-T		40e	<u>i          </u>	X
41	List the states with which a copy of this return is filed NONE  The backs are at a CHART BIJCKNER		423-4	70 0	0001
42a	The books are in care of ► CHARI BUCKNER  400 ANATOLE LANE  Telep	phone no	423-4	/2-0	)8ZI
	Located at CLEVELAND, TN	ZIP+4 ▶	37312		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ZIP+4	3/312		
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial			[Van	T No.
	account)?		42b	Yes	No X
	If "Yes," enter the name of the foreign country		420	<del>                                     </del>	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	1	x
•	If "Yes," enter the name of the foreign country		<u> </u>	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		<del></del>		ьГ
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			_
			<del></del>		
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		<u> </u>	1	1
	Form 990-EZ		44	1	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1	1
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		x
			Form 9	90-E2	<del></del>

	·				2042	5 02/08/2010	9 40 AM
	n 990-EZ (2008) RALPH BUCKNER FOUNDATION	: F04/-\/		3520425			Page 4
F.d.	Section 501(c)(3) organizations only. All section and complete the tables for lines 50 and 51.	ion 501(c)(3	s) organiz	ations must ar	iswer questions	s 46–49	
46	Did the organization engage in direct or indirect political campaign act	tivities on beha	If of or in op	position to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I					46	X
47	Did the organization engage in lobbying activities? If "Yes," complete	Schedule C, P	art li			47	X
48	Is the organization operating a school as described in section 170(b)(	1)(A)(ıı)? If "Ye	s," complete	Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable	related organiz	ation?			49a	X
b	If "Yes," was the related organization(s) a section 527 organization?					49b	<u> </u>
50	Complete this table for the five highest compensated employees (other each received more than \$100,000 of compensation from the organization from the orga				nployees) who		
	(a) Name and address of each employee paid more than \$100,000	no	itle and average urs per week oted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account a other allow	and
NON	E					_	
						<u> </u>	
					<u> </u>		
	Il number of other employees paid over \$100,000	-11					
51	Complete this table for the five highest compensated independent cor- compensation from the organization. If there is none, enter "None."	ntractors wno e	ach received	more than \$100,	JUU 01		
	(a) Name and address of each independent contractor paid more than \$100	0,000	(b)	Type of service	(c) C	ompensation	
NO	ONE						
_			·				
Total	Il number of other independent contractors each receiving over \$100,00	00					
Sigi	Under penalties of perjury, I declare that I have examined this return, and belief this true, correct, and complete Declaration of preparer (o	including accomp other than officer)	panying sched is based on al	ules and statements,	and to the best of my preparer has any known	knowledge wledge	
Her		44		Date	<u>s - [U</u>		
	Type or print name and title						
	Preparer's	n/h	Date	Check if	Preparer's Ideni	titying Number (	See instr)

2/08/10

ARNETT, KIRKSEY, KIMSEY, SULLIVAN, LAY, PLLC EIN

37312-4832

4395 N OCOEE ST

CLEVELAND, TN

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

employed >

Yes No Form **990-EZ** (2008)

**▶** 62-0798554

no ▶ 423-476-5581

P00152617

Phone

Paid

Preparer's

**Use Only** 

signature

Firm's name (or yours

address, and ZIP + 4

ıf self-employed),

#### **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.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

**2008** Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RALPH BUCKNER FOUNDATION

The organization is not a private foundation because it is (Please check only one organization )

Employer identification number 20-3520425

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
city, and state										
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
section 170(b)(1)(A)(iv). (Complete Part II )										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
described in section 170(b)(1)(A)(vi). (Complete Part II )										
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
9 X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross										
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its										
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )										
An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)										
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the										
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section										
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
a  Type I b Type II c Type III—Functionally Integrated d Type III—Other										
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified										
	persons other than foundation managers and other than one or more publicly supported organizations described in section									
509(a)(1) or section 509(a)(2)										
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting										
organization, check this box										
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the										
following persons?										
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)										
and (iii) below, the governing body of the supported organization?										
(ii) A family member of a person described in (i) above?										
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	% controlled entity of a person described in (i) or (ii) above?									
h Provide the following information about the organizations the organization supports										
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount	t of									
organization (described on lines 1–9 in col (i) listed in your the organization in organization in col support										
above or IRC section governing document? col (i) of your (i) organized in the support? U.S.?										
Yes No Yes No Yes No										
	<del></del>									
	<del></del>									
Total										

box and stop here. The organization qualifies as a publicly supported organization

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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990-EZ) 2008 RALPH BUCKNER FOUNDATION

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.)

Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		9,200	33,500	57,000		99,700
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				72,474	128,802	201,276
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		9,200	33,500	129,474	128,802	300,976
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		9,200	33,500	57,000	5,750	105,450
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						
С	Add lines 7a and 7b		9,200	33,500	57,000	5,750	105,450
8	Public support (Subtract line 7c from				72,474	123,052	
	line 6)			I			195,526
	tion B. Total Support	( ) 000 (	4,0005	( ) 0000 I	40,0007	( ) 0000	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,		9,200	33,500	129,474	128,802	300,976
IVA	payments received on securities loans, rents, royalties and income from similar sources			6	22	30	58
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			6	22	30	58
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,		9,200	33,506	129,496	128,832	
	and 12 )			<u>_</u>			301,034
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, foui	th, or fifth tax year	r as a section 501(	c)(3)	▶ 🗵
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2008 (line 8	column (f) divide	d by line 13, columr	n (f))		15	%
16	Public support percentage from 2007 Sche					16	<u>%</u>
	tion D. Computation of Investme					Γ Ι	
17	Investment income percentage for 2008 (li		·	column (f))		17	%_
18	Investment income percentage from 2007		•	44		<u> 18  </u>	<u>%</u>
19a	33 1/3 % support tests—2008. If the orga						<b>⊾</b> □
L	17 is not more than 33 1/3 %, check this b		=		-		▶ ⊔
b	33 1/3 % support tests—2007. If the orga line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did		-		= :	=	I H

Schedule A (Form 990 or 990-EZ) 2008 RALPH BUCKNER FOUNDATION

20-3520425

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

				20425 02/08/2010 9 40 AI
	Special Even	ts Schedule		2008
For calendar year 2008, o	r tax year beginning	, an	d ending	
			Employe	r Identification Number
NER FOUNDATION			20-3	520425
(A) 128,802 0 128,802 es 89,981 38,821	(B) 0 0 0 0 0	(C) 0 0 0 0	Others  0 0 0 0 0 0 0	Total 128,802 0 128,802 89,981 38,821
ANNUAL GOLF	TOURNAMENT			
	NER FOUNDATION  (A) 128,802  0 128,802 es 89,981 38,821	NER FOUNDATION	NER FOUNDATION	For calendar year 2008, or tax year beginning

20425 Ralph Buckner Foundation 20-3520425

**Federal Statements** 

2/8/2010 9:40 AM

FYE: 12/31/2008

Statement 1 - Form 990-EZ,	Part I, Line 16 - Other Expenses

Description	Ar	<u>nount</u>
EXPENSES	\$	<del>-</del>
BANK FEES		30
FILING FEES		20
TOTAL	\$	50

### Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
LOAN RECEIVABLE	\$	\$ 4,493
		 4,493

20425 Ralph Buckner Foundation 20-3520425

# **Federal Statements**

2/8/2010 9:40 AM

FYE: 12/31/2008

#### Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO ASSIST LOCAL ORGANIZATIONS TO IMPROVE THE EDUCATION AND QUALITY OF LIFE IN THE IMMEDIATE AREA AND TO FUND THE RALPH BUCKNER MEMORIAL SCHOLARSHIPS ESTABLISHED AT TWO LOCAL EDUCATIONAL INSTITUTIONS.