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Form 990



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 For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EAST TENNESSEE HUMAN RESOURCE AGENCY INC Doing Business As		D Employer identification number 62-1493851
		E Telephone number (865) 691-2551		
		G Gross receipts \$ 38,578,089		
		F Name and address of Principal Officer		
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		
J Web site: WWW ETHRA ORG		H(c) Group Exemption Number		
K Type of organization ☐ Corporation ☐ trust ☐ association ☒ other ☐ HRA				L Year of Formation 1974
				M State of legal domicile TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	99
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	99
	5	Total number of employees (Part V, line 2a)	5	553
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	26,691,485	28,418,268
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,186,218	9,855,251
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,590	26,079
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,958	278,491
	12		34,151,251	38,578,089
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,425,744	10,955,015
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,493,177	10,305,250
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,149,506	15,185,636
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	34,068,427	36,445,901
	19	Revenue less expenses Subtract line 18 from line 12	82,824	2,132,188
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	8,987,930	13,430,481
	21	Total liabilities (Part X, line 26)	5,149,558	7,459,921
	22	Net assets or fund balances Subtract line 21 from line 20	3,838,372	5,970,560

Part II Signature Block

Please Sign Here	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			
	***** Signature of officer		2010-05-07 Date	
	GARY W HOLIWAY EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ☐ THOMAS M JONES	Date 2010-05-07	Check if self-employed ☐ ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CRAINE THOMPSON & JONES PC 225 W FIRST NORTH ST MORRISTOWN, TN 37814		EIN ☐
			Phone no ☐ (423) 586-7650	

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

☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE’S LOCAL GOVERNMENTS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

☒

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 (4) organizations and 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

4a	(Code)	(Expenses \$ 7,783,566	including grants of \$	(Revenue \$ 7,750,832)
AGING-SUBSIDIZE OPERATIONS OF SENIOR CITIZEN CENTERS AND LOCAL OFFICES ON AGING IN 16 EAST TENNESSEE COUNTIES AND PROVIDE LONG-TERM PLANNING, COORDINATION OF SERVICES, AND SPECIAL PROGRAMS FOR THE AGING PROVIDES NUTRITIOUS LUNCHES AT HOME AND AT CONGREGATE MEAL SITES IN A 16-COUNTY REGION PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY SUPERVISES EMPLOYMENT OF LOW-INCOME SENIOR CITIZENS RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS TO ACT AS OMBUDSMEN FOR AREA NURSING HOMES, INVESTIGATES AND RESOLVES PATIENT COMPLAINTS COURT-APPOINTED GUARDIANS FOR INCOMPETENT SENIOR CITIZENS SUPPORTS AND PLANS ACTIVITIES PROMOTING THE HEALTH OF SENIOR CITIZENS IN A 16-COUNTY REGION PROVIDES LEGAL ASSISTANCE TO THE ELDERLY				

4b	(Code)	(Expenses \$ 7,366,159	including grants of \$	(Revenue \$ 9,138,608)
TRANSPORTATION-PROVIDES TRANSPORTATION SERVICES TO RURAL RESIDENTS OF EAST TENNESSEE WITH EMPHASIS ON SERVING THE ELDERLY, HANDICAPPED, MEDICALLY IN NEED, AND AFDC RECIPIENTS OPERATED PUBLIC TRANSPORTATION MINI-BUSES FOR THE CITY OF OAK RIDGE COORDINATES EFFORTS WITH LOCAL BUSINESSES TO PROVIDE TRANSPORTATION TO AND FROM WORK FOR LOW-INCOME PERSONS				

4c	(Code)	(Expenses \$ 5,811,097	including grants of \$	(Revenue \$ 6,017,553)
WORKFORCE DEVELOPMENT-PROVIDES JOB SEARCH, TRAINING, AND PLACEMENT ASSISTANCE PROVIDES SUPPORT SERVICES TO WELFARE RECIPIENTS PREPARING FOR AND ENTERING EMPLOYMENT SET UP AND OPERATE ONE-STOP CENTERS IN LOCAL WORKFORCE INVESTMENT AREA 4				

	(Code)	(Expenses \$ 15,356,745	including grants of \$	10,955,015)	(Revenue \$ 15,326,786)
HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR SSI REPRESENTATIVE PAYEE - SERVES AS REPRESENTATIVE PAYEE FOR PERSONS RECEIVING SOCIAL SECURITY BENEFITS FOR DRUG AND ALCOHOL ABUSE OR MENTAL IMPAIRMENTS HOUSING AND RESTORATION - PROVIDES HEATING AND COOLING ASSISTANCE TO LOW-INCOME HOUSEHOLDS REPAIRS HOMES OF LOW-INCOME RESIDENTS PROVIDES MATERIALS AND LABOR TO WEATHERIZE HOMES OF LOW-INCOME INDIVIDUALS CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES FAMILY ASSISTANCE - PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN-HOME SERVICES TO AT-RISK FAMILIES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS CALL CENTER - RECEIVES CALLS FROM CLIENTS, FACILITIES, DOCTORS, ETC , AND SCHEDULES TRANSPORTATION FOR CLIENTS ELIGIBLE FOR HEALTH SERVICES COVERED BY AMERICHoice MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY					

4d

Other program services (Describe in Schedule O)

(Expenses \$ 15,356,745

including grants of \$

10,955,015)

(Revenue \$ 15,326,786)

4e

Total program service expenses \$ 36,317,567

Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	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	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and 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 on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22	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	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV **Checklist of Required Schedules** *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a960		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a553		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) 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		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 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

1a

99

1b

Enter the number of voting members that are independent

1b

99

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

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

TN

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
GARY HOLIWAY
9111 CROSS PK DR
KNOXVILLE, TN 37923
(865) 691-2551

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Section B. Independent Contractors

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a		28,418,268				
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions)	27,099,153					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,319,115					
	g	Noncash contributions included in lines 1a-1f \$ 318,231						
	h	Total (Add lines 1a-1f)						
	Program Service Revenue	2a	PROGRAM INCOME					Business Code
b		CAREER CENTERS		58,462	58,462			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
		\$ 9,855,251						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		26,079	26,079			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory							
	Miscellaneous Revenue	Business Code		278,491	278,491			
11a	OTHER REVENUE							
b								
c								
d	All other revenue _____							
e	Total. Add lines 11a-11d							
	\$ 278,491							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			38,578,089	10,159,821			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 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	10,955,015	10,955,015		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	396,241	396,241		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,854,114	7,854,114		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,054,895	2,054,895		
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	478,637	478,637		
12	Advertising and promotion				
13	Office expenses	104,479	104,479		
14	Information technology				
15	Royalties				
16	Occupancy	1,072,012	1,072,012		
17	Travel	430,904	430,904		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	156,713	156,713		
20	Interest	20,631	20,631		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	471,090	471,090		
23	Insurance	257,089	257,089		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM EXPENSES	7,692,101	7,692,101		
b	INDIRECT COST ALLOCATION	1,946,651	1,818,317	128,334	
c	BAD DEBTS	918,374	918,374		
d	TELEPHONE	422,258	422,258		
e	MAINTENANCE & REPAIRS	328,176	328,176		
f	All other expenses	886,521	886,521		
25	Total functional expenses. Add lines 1 through 24f	36,445,901	36,317,567	128,334	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)			(B)	
		Beginning of year			End of year	
Assets	1	Cash—non-interest-bearing		2,716,158	1	3,301,284
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,777,785	3	5,977,258
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>			6	
	7	Notes and loans receivable, net		890,401	7	911,819
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		217,039	9	180,883
	10a	Land, buildings, and equipment cost basis	10a	8,076,583		
	b		10b	5,039,596	10c	3,036,987
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>			12	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		22,065	15	22,250
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,987,930	16	13,430,481
Liabilities	17	Accounts payable and accrued expenses		3,206,277	17	5,007,856
	18	Grants payable			18	
	19	Deferred revenue		1,089,570	19	1,741,352
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>		853,711	25	710,713
	26	Total liabilities. Add lines 17 through 25		5,149,558	26	7,459,921
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,653,330	27	2,132,188
	28	Temporarily restricted net assets		2,185,042	28	3,838,372
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,838,372	33	5,970,560
	34	Total liabilities and net assets/fund balances		8,987,930	34	13,430,481

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☐ accrual ☒ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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 Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

Name of the organization EAST TENNESSEE HUMAN RESOURCE AGENCY INC	Employer identification number 62-1493851
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

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)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	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)
6	☐	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)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	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)
10	☐	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 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?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar 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 ")	24,932,434	27,784,044	27,511,253	26,691,485	28,100,037	135,019,253
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge			180,148	191,409	318,231	689,788
4 Total. Add line 1-3	24,932,434	27,784,044	27,691,401	26,882,894	28,418,268	135,709,041
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						135,709,041

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	24,932,434	26,214	27,691,401	26,882,894	28,418,268	135,709,041
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,091	26,214	24,470	21,590	26,079	123,444
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	300,380	235,195	256,233	251,958	278,491	1,322,257
11 Total Support (Add lines 7 through 10)						137,154,742
12 Gross receipts from related activities, etc (See instructions)					12	37,918,657
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☒

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	98.945 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.995 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% Test - 2007. If the organization did not check the 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	☐	
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	☐	
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	☐	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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 for 2007 Schedule A, Part IV -A, line 27g	16	

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% 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		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 62-1493851

Name: EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REX LYNCH , SECRETARY	1	X		X				0	0	0
WINFRED SHOOPMAN , BOARD MEMBER	1	X						0	0	0
V E BUCK WILSON , BOARD MEMBER	1	X						0	0	0
SHARON BLACK WALLACE , BOARD MEMBER	1	X						0	0	0
TOM BEEHAM , BOARD MEMBER	1	X						0	0	0
TIM THOMPSON , BOARD MEMBER	1	X						0	0	0
KEN VEACH , POLICY COUNC	1	X						0	0	0
JERRY CUNNINGHAM , BOARD MEMBER	1	X						0	0	0
DONALD MULL , CHAIRMAN	1	X		X				0	0	0
DON PARKINS , BOARD MEMBER	1	X						0	0	0
JOE SWANN , BOARD MEMBER	1	X						0	0	0
DAVID STALEY , BOARD MEMBER	1	X						0	0	0
STEVE SIMON , BOARD MEMBER	1	X						0	0	0
GERALDINE ANDERSON , BOARD MEMBER	1	X						0	0	0
DAVE BENNETT , BOARD MEMBER	1	X						0	0	0
WILLIAM BAIRD , BOARD MEMBER	1	X						0	0	0
ROBERT STOOKSBURY , BOARD MEMBER	1	X						0	0	0
CLIFF JENNINGS , BOARD MEMBER	1	X						0	0	0
JACK CANNON , BOARD MEMBER	1	X						0	0	0
FORSTER BAIRD , BOARD MEMBER	1	X						0	0	0
TOM STINER , BOARD MEMBER	1	X						0	0	0
JOE TYLER DUNCAN , BOARD MEMBER	1	X						0	0	0
JOHN DOUGLAS , BOARD MEMBER	1	X						0	0	0
BILL FULTZ , BOARD MEMBER	1	X						0	0	0
JERRY BEELER , BOARD MEMBER	1	X						0	0	0
ERLINDA MCMEEL , BOARD MEMBER	1	X						0	0	0
ILIFF MCMAHAN , BOARD MEMBER	1	X						0	0	0
RONNIE HOMMEL , BOARD MEMBER	1	X						0	0	0
CONNIE BALL , BOARD MEMBER	1	X						0	0	0
SCOTT COLLINS , BOARD MEMBER	1	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARK HIPSHIRE , BOARD MEMBER	1	X						0	0	0	
RICK BREWER , BOARD MEMBER	1	X						0	0	0	
PATSY MCELHANEY , BOARD MEMBER	1	X						0	0	0	
DANNY TURLEY , BOARD MEMBER	1	X						0	0	0	
RAY MCELHANEY , BOARD MEMBER	1	X						0	0	0	
DAVID PURKEY , BOARD MEMBER	1	X						0	0	0	
BARBARA BARILE , BOARD MEMBER	1	X						0	0	0	
ALAN PALMIERI , BOARD MEMBER	1	X						0	0	0	
MICHAEL KEANE , BOARD MEMBER	1	X						0	0	0	
GEORGE GANTTE , BOARD MEMBER	1	X						0	0	0	
DARRELL HELTON , BOARD MEMBER	1	X						0	0	0	
CHARLES GUINN , BOARD MEMBER	1	X						0	0	0	
STANLEY WILDER , BOARD MEMBER	1	X						0	0	0	
RODNEY DAVIS , BOARD MEMBER	1	X						0	0	0	
DIANE HOWARD , POLICY COUNC	1	X						0	0	0	
JOAN BOLDEN , BOARD MEMBER	1	X						0	0	0	
MIKE RAGSDALE , BOARD MEMBER	1	X						0	0	0	
RALPH MCGILL , BOARD MEMBER	1	X						0	0	0	
BILL HASLAM , BOARD MEMBER	1	X						0	0	0	
MIKE ARMS , BOARD MEMBER	1	X						0	0	0	
BARBARA MONTY , POLICY COUNC	1	X						0	0	0	
DOYLE ARP , BOARD MEMBER	1	X						0	0	0	
TOM PEELER , BOARD MEMBER	1	X						0	0	0	
MATT BROOKSHIRE , BOARD MEMBER	1	X						0	0	0	
BERNIE SWINEY , BOARD MEMBER	1	X						0	0	0	
ROBERT WADDELL , BOARD MEMBER	1	X						0	0	0	
PAT PHILLIPS , BOARD MEMBER	1	X						0	0	0	
BRYANT HOWARD , POLICY COUNC	1	X						0	0	0	
ALLAN WATSON , BOARD MEMBER	1	X						0	0	0	
ALFRED MCCLENDON , BOARD MEMBER	1	X						0	0	0	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM STUTTS , BOARD MEMBER	1	X						0	0	0
ROGER POWERS , BOARD MEMBER	1	X						0	0	0
FRED TALLENT , BOARD MEMBER	1	X						0	0	0
SHANE BURRIS , BOARD MEMBER	1	X						0	0	0
JEAN SAMPLES , POLICY COUNC	1	X						0	0	0
BECKY RUPPE , VICE CHAIR	1	X		X				0	0	0
JOEY WILLIAMS , BOARD MEMBER	1	X						0	0	0
VIC JEFFERS , BOARD MEMBER	1	X						0	0	0
DENNIS REAGAN , BOARD MEMBER	1	X						0	0	0
SHARON HEIDEL , POLICY COUNC	1	X						0	0	0
LAWRENCE HINES , BOARD MEMBER	1	X						0	0	0
MIKE FARMER , TREASURER	1	X		X				0	0	0
CHRIS MASON , BOARD MEMBER	1	X						0	0	0
TROY BEETS , BOARD MEMBER	1	X						0	0	0
CHRIS HELPER , BOARD MEMBER	1	X						0	0	0
MIKE MILLER , BOARD MEMBER	1	X						0	0	0
JERRY JOHNSON , POLICY COUNC	1	X						0	0	0
LESLIE HENDERSON , BOARD MEMBER	1	X						0	0	0
RICK KEETON , BOARD MEMBER	1	X						0	0	0
GEORGE POTTER , BOARD MEMBER	1	X						0	0	0
JACK LAY , BOARD MEMBER	1	X						0	0	0
KENNY BURCHFIELD , BOARD MEMBER	1	X						0	0	0
DAVID CROSS , BOARD MEMBER	1	X						0	0	0
BEN BOWLING , POLICY COUNC	1	X						0	0	0
LARRY WATERS , BOARD MEMBER	1	X						0	0	0
MIKE WERNER , BOARD MEMBER	1	X						0	0	0
KEITH WHALEY , BOARD MEMBER	1	X						0	0	0
GLENN CARDWELL , BOARD MEMBER	1	X						0	0	0
BRYAN ATCHLEY , BOARD MEMBER	1	X						0	0	0
EARLENE TEASTER , BOARD MEMBER	1	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA YARBER , POLICY COUNC	1	X						0	0	0
LARRY LAY , BOARD MEMBER	1	X						0	0	0
JOHNNY MERRITT , BOARD MEMBER	1	X						0	0	0
MATTHEW COOKE , BOARD MEMBER	1	X						0	0	0
RODNEY MINOR , BOARD MEMBER	1	X						0	0	0
WILLIAM VON SCHIPMANN , BOARD MEMBER	1	X						0	0	0
SENATOR DOUG OVERBEY , BOARD MEMBER	1	X						0	0	0
REPRESENTATIVE RYAN HAYNES , BOARD MEMBER	1	X						0	0	0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization EAST TENNESSEE HUMAN RESOURCE AGENCY INC	Employer identification number 62-1493851
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☒ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	7,609,981
1d	3,737,958
1e	4,217,112
1f	7,130,827

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	603,084		179,272	423,812
c Leasehold improvements	177,232		177,232	
d Equipment	1,954,845		693,177	1,261,668
e Other	5,341,422		3,989,915	1,351,507
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,036,987

Schedule D (Form 990) 2008

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (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 valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

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.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
NOTES PAYABLE	528,385
INTERNAL PAYABLE, NET	127,275
ADVANCES	55,053
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	710,713

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,578,089
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,445,901
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,132,188
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,132,188

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	38,578,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	38,578,089
4	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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	38,578,089

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	36,445,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	36,445,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	36,445,901

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, PART IV, LINE 1B	ETHRA SERVES AS THE SSI REPRESENTATIVE PAYEE AND COURT APPOINTED PUBLIC GUARDIANS THERE IS ALSO A HUD ESCROW ACCOUNT THE FUNDS ARE SHOWN AS THE FIDUCIARY FUNDS IN THE AUDIT REPORT AND ARE NOT INCLUDED IN THE ACCOUNTS OF ETHRA

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public
Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number
62-1493851

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☒

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	EACH PROGRAM MAINTAINS RECORDS FOR ELIGIBILITY FOR CLIENTS

Software ID:

Software Version:

EIN: 62-1493851

Name: EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
RENTAL AND UTILITY		3,055,516			
HEATING AND COOLING		2,415,807			
MEAL COST REIMBURSEMENT		1,356,716			
IN HOME SVCS & DEL MEALS		1,284,400			
HOME WEATHERIZATION		1,240,239			
WAGES & BENEFITS		257,522			
SUBSIDIZED DENTAL&INS-HIV		250,530			
HOME REHAB FOR LOW INC		189,181			
SUBSIDIZED RENT & UTIL		153,168			
EMERGENCY ASSISTANCE		60,551			
EVAL, TREATMENT, ASSISTAN		17,983			
IN-HOME CARE, ASSISTANCE		673,153			
EMER BUS PASSES,EXPENSES		249			

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number

62-1493851

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
VOLUNTEER				
25 Other (describe HOURS)	X	12	121,225	RATE OF POSITION
26 Other (describe RENT)	X	5	125,204	FAIR RENTAL VALUE
LIHEAP				
27 Other (describe LEVERAGE)	X	1	71,802	ACTUAL UTILITIES
28 Other (describe)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must
hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes
for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash
contributions?

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is
checked, describe in Part II

Yes

No

No

No

No

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number

62-1493851

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS ARE USED IN VARIOUS PROGRAMS WITHIN THE AGENCY

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	SENIOR CITIZENS SUPPORTS AND PLANS ACTIVITIES PROMOTING THE HEALTH OF SENIOR CITIZENS IN A 16-COUNTY REGION PROVIDES LEGAL ASSISTANCE TO THE ELDERLY

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR SSI REPRESENTATIVE PAYEE - SERVES AS REPRESENTATIVE PAYEE FOR PERSONS RECEIVING SOCIAL SECURITY BENEFITS FOR DRUG AND ALCOHOL ABUSE OR MENTAL IMPAIRMENTS HOUSING AND RESTORATION - PROVIDES HEATING AND COOLING ASSISTANCE TO LOW-INCOME HOUSEHOLDS REPAIRS HOMES OF LOW-INCOME RESIDENTS PROVIDES MATERIALS AND LABOR TO WEATHERIZE HOMES OF LOW-INCOME INDIVIDUALS CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES FAMILY ASSISTANCE - PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN-HOME SERVICES TO AT-RISK FAMILIES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS CALL CENTER - RECEIVES CALLS FROM CLIENTS, FACILITIES, DOCTORS, ETC , AND SCHEDULES TRANSPORTATION FOR CLIENTS ELIGIBLE FOR HEALTH SERVICES COVERED BY AMERICHoice MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 TAX RETURN IS PREPARED BY OUR INDEPENDENT CPA FIRM THE INFORMATION IS COMPILED DURING THE AUDIT PROCESS, ALONG WITH ADDITIONAL INFORMATION PROVIDED BY THE FISCAL DIRECTOR AND OTHER PERSONNEL AS NEEDED THE TAX RETURN IS THEN REVIEWED BY THE FISCAL DIRECTOR AND EXECUTIVE DIRECTOR PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST FORM IS FILLED OUT ANNUALLY BY EACH BOARD MEMBER BOARD MEMBERS EXCUSE THEMSELVES FROM VOTING ON TOPICS WHERE THERE IS CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES IT IS IN PROCESS OF A COMPLETE ANALYSIS AND UPDATE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES IT IS IN PROCESS OF A COMPLETE ANALYSIS AND UPDATE