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Return of Organization Exempt From Income Tax

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Interna	al Revenu	ne Treasury ie Service			ation may have t	o use a co			tate re	porting re	equi			Inspectio	n
A I	For the	2008 cale	endar ye	ar, or tax yea			11/1/2008		, and e	ending	_		/2009		
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<u></u> □ N	ame cha	ange	print or	Number an	nd street (or P O b	ox if mail is r	not delivered to	street address)	R	oom/suite	Ε	Telephone r	number		
🔲 tr	utial retu	ım	type See	P.O Box 58	32						1				
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□▲	mended	return	tions.	Greeneville	<u> </u>		TN	37	7744		G	Gross recei	ots \$	3	08,491
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$\overline{\mathbb{M}}$	_									 	Pr	ior Year	200	Current Yea	
	8				art VIII, line 1h			•					,002		02,252
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Exp	b									Olž.					24,954
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					clare that I have ex	camined this	return, including	accompanying	sched	ules and s	taten	nents, and to	the best of	my knowledge	
		and t	elief, it is	true, correct, an	d complete Decla	ration of pro	parer (other that	officer) is base	ed on al	Information	on of	which prepa	rer has any	knowledge	
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Pai		signature David ME (LL) 3/30/2010								self- employed		► X	408-19-1		
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Use	Only	ıf sel	f-employed	n).	avid M. Ellis, (avelle TN 07	7742			EII		423 707	0955	
			ess, and Z		32 W Depot S] Ph	one no	423-787		
May	the II	RS discus	ss this re	eturn with the	e preparer sho	own above	e? (see instr	uctions) .	<u> </u>			<u> </u>	<u></u>	Yes	∐ No
For	Privac	y Act and	Paperwe	ork Reductio	n Act Notice, s	ee the sep	arate instruc	tions.						Form 99	(2008)

Part IV Checklist of Required Schedules Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . 1 2 Is the organization required to complete Schedule B. Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, 4 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 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Х Parts VI, VII, VIII, IX, or X as applicable . . 11 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 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the US? 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 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III. 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Х Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II. 22 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 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Schedule J 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 24a 24b-24d and complete Schedule K. If "No," go to question 25. **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 24c to defease any tax-exempt bonds? . . 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 **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b person from a prior year? If "Yes," complete Schedule L, Part I 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 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.

Schedule R, Part V, line 2 .

organization? If "Yes," complete Schedule R, Part V, line 2

Checklist of Required Schedules (continued) Part IV 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)? If "Yes," complete Schedule L, Part IV . Х 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х 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? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х . . . Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If* "Yes," complete Schedule R, Part

Form **990** (2008)

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable			į
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			i
	instructions)			į :
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ļ-
	this return?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
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	_ 1		
_	account)?	4a		X
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	ì.		
	and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		├^
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	-		V
6-	Regarding Prohibited Tax Shelter Transaction?	5c 6a		X
6a b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		 ^-
U	gifts were not tax deductible?	6b		×
7	Organizations that may receive deductible contributions under section 170(c).	00		 -
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			,
	\$75?	7a -		X
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		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			ĺ
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	i 		1
	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		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		1
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0			1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a 0			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
40	against amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			

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

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions		ı	
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent		- 1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			i
-	any other officer, director, trustee, or key employee?	2		X
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		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		
74	of the governing body?	7a		Y
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 15		$\frac{1}{2}$
•	the year by the following	ļ	ļ	,
а	The governing body?	- 8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	$\hat{\mathbf{x}}$	
9a	Does the organization have local chapters, branches, or affiliates?	9a	^	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	<u> </u>		
J	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	ļ	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	30		
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	i	Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10		_^_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Soci	ion B. Policies			
Jeci	ion 6. i oncies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
_	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		_^_
b	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this is done	12c		
40		13		 -
13	Does the organization have a written whistleblower policy?	14		X
14	Does the organization have a written document retention and destruction policy?	14_		^
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			
_		45-		
a	The organization's CEO, Executive Director, or top management official?	15a		X
þ	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b		^
46-	· · · · · · · · · · · · · · · · · · ·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		¥
_	with a taxable entity during the year?	Iba		X
b	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	466		v
C = -4	the organization's exempt status with respect to such arrangements?	16b		<u> X</u>
	ion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires on preparation to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (501(c)/3)s or			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection, Indicate how you make those available. Check all that apply	111y <i>)</i>		
	available for public inspection. Indicate how you make these available. Check all that apply			
4.0	Own website Another's website X Upon request	4		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting and forestime and for	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► James Thornton Jr. 423-278-322	1		
	100 N Main Street, Greeneville, TN 37743		_	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(A) (B) (C)							(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)				Reportable compensation	Reportable compensation	Estimated amount of		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Diane Ball Director		Х						0	0	0
Marjorie Bradley		 ^ -	╁						-	
Director	1	Х			_			0	0	0
Rick Clark Director	1	×						0	0	0
Rob Ellis					\Box					
Director	1	X	L		L	!		0	0	0
Ann Gaut	1.	×						0	0	0
Director Lake Hours	<u> </u>	 ^	╁	├	┢╌		┢		U	0
Jake Haun Director	1	X			ļ			0	o	0
Bobby Holt	······									
Director	1	X	_	_	L		_	0	0	0
Mike Idell					ĺ				_	_
Director	1	X	╀	_	├		-	0	0	0
Donald Kilday	1	X	}		1	ļ		0	0	o
Director Fraddia Myers		 ^	╁─		├	-	\vdash	ļ -		<u>_</u>
Freddie Myers Director	1	×						o	o	0
David Peake					Γ					
<u>Director</u>	1	X	<u> </u>		<u> </u>		L	0	0	0
Cam Philbeck			1					_		
Director	1	X	╁	_	 		_	0	0	0
Nancy Saulsbury Director	1	Х						0	0	0
Janie Shepherd									i	
Director	1	X	_	_	_	ļ <u> </u>	_	0	0	0
Kaye Shipley Director	1	×						0	0	_0
Dale Collette 2nd Vice President	1			x				0	0	_
Lanny Love			\top							
President	1		J	X	Ц_	L	L.	0	0	0

Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	Hig	hest	Cor	npensated Em	ployees (contin	ued)
	(A) (B) (C) (D) (E) Name and title Average Position (check all that apply) Reportable Reports				(E)	(F)					
	Name and title	Average hours per							Reportable	Reportable compensation	Estimated amount of
		week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	nda Humbert /ice President	1			х				0	0	
	es Thornton surer	1			x				0	0	(
Rick	Tipton retary	1			X				0	0	
		0							0	0	(
		0.							0	0	
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	T	0				<u> </u>		Ļ	0		
<u>1b</u>	Total	 	<u> </u>	•			400.6	<u> </u>	0	1	L
2 3	Total number of individuals (including those organization ► 0 Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci.	director or trust	ee, k	ey e	mplc						Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual	ım of reportable	com	pen	satio	n an s," c	d oth ompl	ier ci lete S	ompensation fro Schedule J for s	uch	4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y	accrue compens les," complete S	atior chea	n froi fule	m an <i>J for</i>	y un <i>sucl</i>	relate per	ed oi s <i>on</i>	rganization for		5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest corcompensation from the organization.	mpensated inde	pend	lent (contr	acto	rs th	at re	ceived more tha	in \$100,000 of	
	(A) Name and business a								(B) Description of ser	vices ((C) Compensation
	C & C Millwright Mainten: 311 Old	Knoxville Hwy C	reen	<u>ievill</u>	e TN	377	<u>′43</u>	Cor	struction		167,35
											
2	Total number of independent contractors (in	ncluding those in	1) v	vho i	recei	ved	more	tha	n \$100,000 in		
	compensation from the organization	_ 1									

Page 9

Part	VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns	1	a	0	,	, , , , , , , , , , , , , , , , , , , ,		
מש	b	Membership dues	. 1	ь	0				
g, g	С	Fundraising events .	1	С	0				
ar a	ď	Related organizations	_	d	0				
s, g nik	ے ا	Government grants (contributions) .	<u> </u>	e	0				
on	f	All other contributions, gifts, grants, a		<u> </u>					
her	•	similar amounts not included above		f	102,252		,	•	
o Ei	_	Noncash contributions included in lin			0				
Contributions, gifts, grants and other similar amounts	y h	Total. Add lines 1a–1f	163 16-11	Ψ	······	102,252			
		Total: Add lines Ta-11			Business Code	102,202			
Program Service Revenue	20	Four Activation			Duamess code	199,479	199,479		
eve	2a	Fair Activities				199,479	199,479		
e G	b						-		
Ş	C						 		
Se	d					0			
ram	е					0			
8	f	All other program service revenue .	•	. [0			
	g	Total. Add lines 2a–2f	<u> </u>	<u> </u>		199,479			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divider	nds, inte	rest, an	d				
		other similar amounts) .			▶	272	272		
	4	Income from investment of tax-exem	pt bond	proceed	ds ►	0			
	5	Royalties				0			
		[(i) Re	eal	(II) Personal				
	6a	Gross Rents	_			^			i
	ь	Less rental expenses					***	- Ay	
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss) .	_		>	0			
1	7a	`. `	(ı) Secu	irities	(II) Other	*	ě		
		assets other than inventory.		0	0		*		
	h	Less: cost or other basis	-						
	_	and sales expenses		0	0	`* <u>;</u>			
	С	Gain or (loss)	_	0	0				
	٦	Net gain or (loss)			•	0			
	8a	Gross income from fundraising		1		,			· · · · · · · · · · · · · · · · · · ·
e	0a	•	0						
eu		events (not including \$ of contributions reported on line 1c).					<*	·	
ě		•		_	0	۶	· \$	eijk '	
LE.	_	•		a					
Other Revenue		Less direct expenses		. b		0			
Ó		Net income or (loss) from fundraising	-		` 				
	9a	Gross income from gaming activities							
	١.	See Part IV, line 19		a			,		
	1	Less direct expenses .		b	0				<u>. </u>
		` , 5	ctivities		. •	0	· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, less			_				
	ł	returns and allowances		а	0				
	1	Less cost of goods sold		. b	0				
	<u>_</u>	Net income or (loss) from sales of in	ventory		<u> </u>	0			
	<u> </u>	Miscellaneous Revenue			Business Code				
	11a	Other Revenue				6,488	6,488		
	b					0			
	С					0		L	
	d	All other revenue				0			
	е	Total. Add lines 11a-11d				6,488			
	12	Total Revenue. Add lines 1h, 2g, 3,			•				
	L	9c, 10c, and 11e				308,491	206,239	0	0

Page **10**

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).										
	not include amounts reported on lines 6b, 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		σλροποσο	, general expenses	CAPENSES						
·	organizations in the U.S. See Part IV, line 21	ol		,	i						
2	Grants and other assistance to individuals in			, ,	7						
_	the U.S See Part IV, line 22 .	2,200	2,200	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
3	Grants and other assistance to governments,				* 1						
-	organizations, and individuals outside the				, , ,						
	U.S. See Part IV, lines 15 and 16	o			*						
4	Benefits paid to or for members	0		30 1 NO 1 NO							
5	Compensation of current officers, directors,										
	trustees, and key employees	o									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	o									
7	Other salaries and wages	0									
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	0									
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	0									
C	Accounting	950	950								
d	Lobbying	0									
е	Professional fundraising services See Part IV, line 17	0		*							
f	Investment management fees	0									
g	Other	0									
12	Advertising and promotion	7,697	7,697								
13	Office expenses	8,692	8,692								
14	Information technology	0									
15	Royalties	0									
16	Occupancy	20,246									
17	Travel	1,898	1,898								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	9,528	9,528								
20	Interest	13,445									
21	Payments to affiliates	0			0						
22	Depreciation, depletion, and amortization .	31,993		31,993	0						
23	Insurance	15,028	15,028	* ^* //							
24	Other expenses Itemize expenses not	豫、 澤道 ;			, 4						
	covered above. (Expenses grouped together	🖎 `#:			* ^						
	and labeled miscellaneous may not exceed				*						
_	5% of total expenses shown on line 25 below.)	45,225	45,225	* · · · · · · · · · · · · · · · · · · ·	· ····································						
a b	Fair related expenses Contract Labor	27,477									
	Cumpling	13,746			 						
ч С	Denoise and Maintenance	16,055			· · · · · · · · · · · · · · · · · · ·						
d e	repairs and Maintenance	16,055									
f	All other expenses Miscellaneous	12,974									
25	Total functional expenses. Add lines 1 through 24f	227,154			0						
		221,154	180,101	31,993							
26	Joint Costs. Check here ► 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	<u> </u>	L								

Pa	irt X	Balance Sneet							
					(A) Beginning of year		(E End o		_
	1	Cash-non-interest-bearing			16,764	1		2	1,115
	2	Savings and temporary cash investments .				2			
	3	Pledges and grants receivable, net		·	0	_ 			0
	4	Accounts receivable, net		·	0	4			 0
Ì	5	Receivables from current and former officers,	direct	ore truetees key					
	5	employees, or other related parties Complete			0	5			0
		• •			- 0				
	6	Receivables from other disqualified persons (1
i		4958(f)(1)) and persons described in section	4958(0	(3)(B) Complete				-	•
		Part II of Schedule L	•	•	0	<u>6</u>			0
Assets	7	Notes and loans receivable, net	•		0	7	<u> </u>		0
SS	8	Inventories for sale or use	•			8	_		
٩	9	Prepaid expenses and deferred charges			6,242	9	ļ		
	10a	Land, buildings, and equipment cost basis	10a	1,547,709					ı
	b	Less: accumulated depreciation Complete			discussion of the same and the same of the				
		Part VI of Schedule D	10b	287,425	1,292,276	10c		1,46	4,522
ļ	11	Investments-publicly traded securities			0	11			0
i	12	Investments-other securities See Part IV, lin	e 11		0	12			0
	13	Investments-program-related. See Part IV, lir			0	13		-	0
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11	•	, ,	0				
ļ	16	Total assets. Add lines 1 through 15 (must e	برا اجترت	ne 34)	1,315,282	16		1 48	5,637
	17		quar iii	10 04/	1,010,202	17	ļ ·	1, 10	5,001
ĺ		Accounts payable and accrued expenses		•		18	 		
	18	Grants payable		•			 		
	19	Deferred revenue		19	 				
	20	Tax-exempt bond liabilities	•	0	20	 		0	
Liabilities	21	Escrow account liability Complete Part IV of		X N	21			- 2 - 1	
≝	22	Payables to current and former officers, direct		•	****		3.4		**2, * 1
ab		employees, highest compensated employees	i, and o	disqualified					,
<u> </u>		persons. Complete Part II of Schedule L		0	22			0	
	23	Secured mortgages and notes payable to uni	elated	third parties .	218,292	23		30	7,310
	24	Unsecured notes and loans payable			0	24			0
	25	Other liabilities Complete Part X of Schedule	D.		0	25			0
	26	Total liabilities. Add lines 17 through 25.			218,292	26		30	7,310
-				▶ □	· · · · · · · · · · · · · · · · · · ·				
es		Organizations that follow SFAS 117, check					1		
ည		complete lines 27 through 29, and lines 33	and 3	14.					!
a	27	Unrestricted net assets .			1,096,990	27		1,17	8,327
Ba	28	Temporarily restricted net assets				28			
힏	29	Permanently restricted net assets .				29			
or Fund Balanc		Organizations that do not follow SFAS 117	7 chec	k here▶					
o		and complete lines 30 through 34.	, 0						!
ts (
Net Assets	30	Capital stock or trust principal, or current fund				30			
As	31	Paid-in or capital surplus, or land, building, or				31	 		
et	32	Retained earnings, endowment, accumulated	d incon	ne, or other funds .		32			
Z	33	Total net assets or fund balances .			1,096,990	_			8,327
	34	Total liabilities and net assets/fund balances		<u> </u>	1,315,282	34	<u> </u>	<u> 1,48</u>	5,637
Pa	rt XI	Financial Statements and Reporting	3						
								Yes	No
1	Ac	ccounting method used to prepare the Form 99	10: X	Cash Accru	ual Other				,
2		ere the organization's financial statements con			· · · · · · · · · · · · · · · · · · ·		. 2a	x	
		ere the organization's financial statements aud					. 2b		Х
		"Yes" to lines 2a or 2b, does the organization h				iaht c			
		idit, review, or compilation of its financial state.				y C	2c	x	
_							. 20	<u> </u>	
3		s a result of a federal award, was the organizat	ion rec			163	3-		Х
		e Single Audit Act and OMB Circular A-133?				•	. <u>3a</u>	 	_^
	b If	"Yes," did the organization undergo the require	d audi	t or audits?		· _ · _	. 3b		
							Fo	rm 990	(2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**08**

> 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 Employer identification number Greene County Fair, Inc. 62-1171985 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) . . . 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? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements Ь Total acreage restricted by conservation easements . . . 2b 2c 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and section 170(h)(4)(B)(II)?... 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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. 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 Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X.

Page	2

Part	Organizations Maintainin	g Collec	tions of	Art, I	listo	rica! T	reasures,	or Otl	ner Similar As	sets (conti	nued)
3	Using the organization's accession	and othe	r records	. checl	k anv	of the	following tha	at are a	a significant use	of its collec	tion
•	items (check all that apply)				,		•				
а	Public exhibition			d [Loan	or exchange	progra	ams		
b	Scholarly research			e	Ħ	Other	J				
c	Preservation for future genera	ations		١	ب	00					
4	Provide a description of the organiz		ollections	and e	xolaı	n how tl	hev further t	he ora	anızatıon's exe	mpt purpose	ın
	Part XIV.						-				
5	During the year, did the organizatio assets to be sold to raise funds rath	ner than t	o be maii	ntained	d as	part of t	he organiza	tion's o	collection?.	Yes	No
Part	Trust, Escrow and Custo Part IV, line 9, or reported							on ans	swered "Yes" t	o Form 990	o,
1a	Is the organization an agent, trusted	e, custod	lian or oth	ner inte	erme	diary for	r contributio	ns or o	ther assets not		_
	included on Form 990, Part X?						•			Yes [No
b	If "Yes," explain the arrangement in	Part XIV	and con	nplete	the fo	ollowing	table				
								<u> </u>	1 .	Amount	
C	Beginning balance		٠			• •		1c	- 		
d	Additions during the year	•		•				1d			
е	Distributions during the year			•		•		1e			
f	Ending balance	•		•				1f	1		0
2a	Did the organization include an ame	ount on F	Form 990,	, Part)	X, lını	e 21? .		•	•	Yes [X No
b	If "Yes," explain the arrangement in										
Part	V Endowment Funds. Com	plete if o	organiza	<u>tion ar</u>	nswe	ered "Y					
		(a) Cur	rent year	(b)) Prior	year	(c) Two years	s back	(d) Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance .	<u> </u>				13		,			
b	Contributions			ļ		· · · · · ·					
С	Investment earnings or losses			ļ		- \%		. ,;		7	
d	Grants or scholarships					* ;	.* •	· · · · · ·	<u> </u>	760	
е	Other expenditures for facilities			`					~		ļ
	and programs			45			· *		· ¾		
f	Administrative expenses							,			
g	End of year balance	<u> </u>	0	<u> </u>			<u> </u>				
2	Provide the estimated percentage of		ar end ba	lance h	held a	as.					
а	Board designated or quasi-endown		•		<u>.%</u>						
b	Permanent endowment		<u>%</u> _								
С		. %									
3a	Are there endowment funds not in t	the posse	ession of	the org	ganiz	ation th	at are held	and ad	ministered for t		
	organization by.									Ye	s No
	(i) unrelated organizations.		•		•	•	•	•		3a(i)	
	(,			•	٠.	٠				3a(ii)	
b	If "Yes" to 3a(ii), are the related org			-				•	•	3b	
4	Describe in Part XIV the intended u							-4 V/ 1!	40		
Part	VI Investments—Land, Bui										
	Description of investment		(a) Cost or o (investr		ıs		st or other s (other)	(c)	Depreciation	(d) Book v	
1a	Land	<u> </u>			0		596,444			_	596,444
b	Buildings			_	0		900,594		266,649		<u>838,183</u>
С	Leasehold improvements				0		0	·	0		0
d	Equipment .	<u> </u>			_0		7,995		7,995		0
<u>e</u>	Other				0		42,676		12,781		29,895
Tota	 Add lines 1a–1e. (Column (d) show 	ıld equal	Form 99	0, Part	X, c	olumn (B), line 10(c	<u>)). </u>	<u> </u>	<u>_1,</u>	464,522

Schedule D (Form 990) 2008			Page 3
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 valu Cost or end-of-year ma	
Financial derivatives and other financial products	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0		······································
	0		
	0		
	0		
	0	 	
Total (Column (b) should equal Form 990, Part X, col. (B) line 12.)	0		
101111 (1011111111111111111111111111111	<u>-</u> <u>-</u>		
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year materials	
	0	 	
	0		<u> </u>
	0	 	
	0	+ · · · · · · · · · · · · · · · ·	
	0		
	0	 	
	0		
	0		
	0		
	0		
Total (Column (b) should equal Form 990, Part X, col (B) line 13)	0	7 2 22	
Part IX Other Assets. See Form 990, P	art X, line 15		
	a) Description		(b) Book value
			0
			0
			0
			0
			0
			0
			_0
			0
			0
			0
Total. (Column (b) should equal Form 990, Part X			0
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes			* ,
	 		<i>3</i> %
)
			İ
	 	0	1
		· O ·	1
	 	0	
		0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		0	

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

	lule D (Form 990) 2008		Page 4
_Par	t XI. Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1_	308,491
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	227,154
3	Excess or (deficit) for the year Subtract line 2 from line 1.	3_	81,337
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	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	81,337
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per	Return
1	Total revenue, gains, and other support per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		6
b	Donated services and use of facilities		(.
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1	. Г	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		8
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	ļ	*
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c 0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5 0
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	ses p	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		The state of the s
а	Donated services and use of facilities .		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1	. Г	3 0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIV)		±\$
С	Add lines 4a and 4b		4c 0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5 0
Par	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	d 4, P	art IV, lines 1b

	Greene County Fair, Inc	62-1171985
Schedule D (Form !	990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
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SCHEDULE Q (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer Identification number
Greene County Fair, Inc.	62-1171985
	•••••
	•••••

<u>2</u>
Fair,
County
Greene

7 2 5 4 5 9 7 8 6	C & C Millwright Maintenance Co., Inc	C & C Millwright Maintenance Co., Inc X 311 Old Knoxville Hwy Greeneville Street Address City Street Add	Street Address 311 Old Knoxville Hwy	City Greeneville	State TN	State Zip Code TN 37743	Foreign Country
10							

	Explanation	167,359 Contruction of Cattle Barn					
167,359	Compensation	167,359					
	Description of Services	Construction					

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Non Cash
1	Federated Campaigns	1	
	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above		
	State Aid	94,481	
	Gifts	7,771	
		. 	
	Other contributions total	102,252 6	0
7	7 Total	102,252 7	<u> </u>

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

Total Program Management Fundament Services Services	
Total Program Management Fundament Services Services	o
Total Program Management Fundament Services Services	(D)
1 Depreciation 31,993 31,993 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 7 0 0 8 0 0 9 0 0	raising
1 Depreciation 31,993 31,993 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 7 0 0 8 0 0 9 0 0	
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Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								1,547,709	255,433	287,425	204,238	1,292,276	1,464,522
			Leasehold			Check If	Check If		eginning	Ending			
			Improve-			Investment	Asset	Cost/Other	cumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	preciation	Depreciation	_	Balance	Balance
1 Land	×							596,444	0				596,444
2 Buildings and Improvements								900,594	2	266,649	204,238	664,728	838,183
3 Equipment								7,995	7,851	7,995			0
4 Paving								42,676		12,781		30,960	29,895
9								0	0			0	0
9								0	0			0	0
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Part	Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes. Payable	Secured a	and Unsec	ured Notes Payable	0	218,292	307,310		•
		Check if lender is	Check If		Original	Balance due beginning			•
	Lender's name	a business	Unsecured	Security provided	amount	of year	end of year	Date of note	Maturity date
-	GreenBank	×				218,292			
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/ Fair,
County
Greene

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	Lender's Title																				
	Consideration																				
	Description of consideration																				
	Purpose of loan																				
	Interest																				
i	Repayment																				