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Form **990**

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)

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

A	For the	2009 cal	endar ye	ar, or tax	year beginnir	ng				, ;	and er	ding	_				
B	heck if app	plicable	Please	C Name	of organization	Greene	ville	Greene Co	unty	Comm	unity (Viinistri	D Emplo	oyer ide	entification nu	nber	_
\sqcup	Address c	hange	use IRS label or	Doing	Business As								62-1207	222			
N	Name cha	ange	print or	Numb	er and street (or f	O box if mail	ıs not	delivered to st	eet ac	dress)	Ro	om/suite	E Teleph	hone nu	ımber		
	nitial retu	rn	type. See	PO Box	545						- 1		423-638	-1337	•		
	erminate	d	Specific Instruc-		town, state or co	ountry, and ZIP	+ 4				•						
	Amended	return	tions.	Greene	ville	_		TN		377	44		G Gross	receipt	s \$	7	14,173
	Application	n pending	FN	lame and	address of prin	cipal officer:			_			H(a) is t	his a group	return	for affiliates?	Yes	X No
			Milton F	Parham 4	20 Shaklefor	d Rd. Mosh	eim.	TN 37818					all affiliate			Yes	No
IT	ax-exen	npt status)1(c) (3) ◄ (inse		_	47(a)(1) or		527					see instructions	;)	_
		► n/a	<u> [75] 50</u>	71(0) (0) 4 (11130			41 (d)(1) 01		<u> </u>						•	
			□		<u> </u>	1		<u> </u>	··				oup exempt			-1 -1 1 -	
		ganization		orporation	Trust	Association	<u> </u>	Other >		1	L Year	of forma	tion 19	985	M State of leg	al domicile	TN_
	art l		mmary														
		-		_	nization's mis		_										
æ	, .				port for prog		ierge	ncy and lor	iger i	erm as	sistar	ice with	n tood, s	neiter	, utilities and	i medica	lions
Governance		ior resia	ents of t	Greenevi	lle and Greer	ie County.											
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20cm					es (Part V, lii ers (estimate i									· -	6		
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\mathcal{L}	8	Contributions and grants (Part VIII, line 1h)														55,958	
SA CHILD	1			-	(Part VIII, lir	•								· ·	0		0
	1	_			VIII, column									-33,5	553		58,215
Z	11	Other re	venue (i	Part VIII,	column (A),	ines 5, 6d,	8c, 9	c, 10c, and	11e)						0		0
<u> </u>		Total reve	enuead	ld lines 8 t	through 11 (mu	ist equal Par	VIII,	column (A),	line 1	2)				534,2	285	7	<u>14,173</u>
Ñ					nts paid (Par									416,9	953	3	68,936
	14	Benefits	paid to	or for me	embers (Part	IX, column	(A), [ine 4) 🙀 📙		i\ /⊏ [<u>,</u>				0		0
S	15	Benefits paid to or for members (Part IX, colu- Salaries, other compensation, employee ben Professional fundraising fees (Part IX, colum-			ation, employ	ee benefits	(Par	t IX, columi	<u> </u>	lines 5	/210)			109,6	395		95 <u>,755</u>
Expenses	16a				, column (A	n (A), line 1 e)					31 ×3 500	5.5° 27° and 60°			Sec. F. SECRET	O	
χ̈́											m 72 % 3	111111111111111111111111111111111111111		F 470			
_	17/	Other expenses (Part IX, column (A), lines 11a–11d, 17t–24f)								64,6 591,2			77,170				
	18	Pougas ex	penses	Add line	S 13-17 (mus	st equal Pal		column (A)		成) U	7			-57,0			41,861 72,312
- S	19	Revenu	e less ex	xpenses	Subtract line	18 irom iiri	e iz	,, , , , , , , , , , , , , , , , , , ,		تحادث بان		Reginn	ing of Cur			nd of Year	
Net Assets or Fund Balances	20	Total as	sats (Pa	rt X line	16)							Degiiii	ing or our	898,8			52,699
Ass.	21		•		ne 26)					• •	•			25,9		1,0	7,499
Net Lind	22		•		ces. Subtract									872,8		1.0	45,200
	rt II		nature		<u> </u>												
		Unde	r penalties	of perjury,	I declare that I ha												
		and t	elief, it is t	true correct	, and complete	Declaration of	repare	er (other than o	fficer)	s based	on all ir	nformation	n of which p	prepare	r has any know	edge	
						1/1/	,						1				
Sig	n		JJU	and		(rp)	L_										
Her			Signature	of officer	ρD	1/2	,	DAir.	\bigcap	\mathcal{K}_{α}	0.		Da	ate /	191	10	
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		Prepa		nnt name ar	na uue		7	/) [Da	ıj.		T Ch	eck if		TP.	reparer's identi	fying numbr	
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	a parer's	.			auf 71	ILL	KX.	16	<u>5/12</u>	/2010	en	ployed	►X				
	Only	Firm:	s name (or		David M. El	lis, CPA							EIN	>	<u>-</u>		
			if self-employed), address, and ZIP + 4 132 W. Depot St., Greeneville, TN 37743										Phone no ► (423) 787-0855				
Mav	the IR				the preparer)						Yes	No
					ction Act Notic					,			<u> </u>			Form 99 6	=
(HTA)		ACL AND	aperwo	JIN INGUUL	Judii Act Noti	, see uie s	-spaic	aco monuch	J.1.3.							10111100	7

Pa	IT III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
•	The mission of the organization is to enlist and provide ecumenical Christian support for programs of emergency and longer te	rm
	The mission of the organization is to entire and provide ecuniencal Christian support for programs or entrageness and provide ecuniences of the organization is to entire and provide ecuniences of the mission of the organization is to entire and provide ecuniences of the mission of the organization of the	
	assistance with food, shelter, utilities, and medications for the residents of Greeneville and Greene County. It also provides	
	assistance to children with clothing and school supply needs.	-
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	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 501(c)(4) organizations and section 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 \$ $478,367$ including grants of \$ 0) (Revenue \$ 0)	
	Community Ministries provides emergency food, shelter, medication and utility	
	assistance to those in need who can not obtain it through other sources.	
	It also provides clothing and school supplies for children.	

		 .

	•••••••••••••••••••••••••••••••••••••••	-
4b	(Code: 0 including grants of 0) (Revenue 0) (Revenue 0	
		-
		-
<u> </u>	(Code) (Code	
4C	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
		-
		-
	•••••••••••••••••••••••••••••••••••	•
		- -
		
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Total program service expenses ► 478.367	

Form 990 (2009) • Greeneville Greene County Community Ministries Food Bank

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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 similar funds or 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	x	
_	VII, VIII, IX, or X as applicable	2000		
•	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	44.		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	3	\$2.3×	وع کوچ)فا
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		- Marie 1	() (3)
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Χ.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		Х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20	If "Yes," complete Schedule G, Part III	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	
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Part IV

Greeneville Greene County Community Ministries Food Bank
Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
	employees? If "Yes," complete Schedule J	23		_ <u>X</u> _
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 lines			.,
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	-	<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	i i		
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Cr .	, ser ;	, 15 car
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	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		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	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			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	to Alice	Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable		() v	10 . "
_	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	18. A. A.		
b			۱ '	3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
_	gaming (gambling) winnings to prize winners?	10 50 502	7 3 5 7	· 33.42
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Statements, filed for the calendar year ending with or within the year covered by this return. 2	آندها الآندان مالا	X	Lick Arts
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 6 13	7 7 8
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	4, 2,	37	3
	instructions)	1	, AL (12.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		·	- ~;*
	this return?.	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
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			١
	account)?	<u>4a</u>	ļ	X
b	If "Yes," enter the name of the foreign country: ▶	क्रांटिक के स	Park.	, , , , ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1.12.2	*	1 44
	and Financial Accounts.	1	3,3	- 15°
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1		
	Prohibited Tax Shelter Transaction?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		İ	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ļ	
	gifts were not tax deductible?	6b	L	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	20/3 Jr.		1,47
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			تَوْلَدُ لَا
	and services provided to the payor?	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			T
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	12.00		- X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		10 . To	
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			
••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1.10	20	13
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	100	1 3 3 1	
	organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	13 6	1:	T.
а	Did the organization make any taxable distributions under section 4966?	9a	Ī	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	18/11/15	1/2/3	1
	Initiation fees and capital contributions included on Part VIII, line 12	1.0% (T) 1.5% - 23	3	13.
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		ڊ. ج. ا
b 11] . `	1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	·
a		√ []		4. 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		آصر س	1 -
40:		120	:[-: * <u>*</u>	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a	15	+-:
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	Ι.	-1	.1

Part VI Gover

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with		The state of		
	any other officer, director, trustee, or key employee?			_2_		X
3	Did the organization delegate control over management duties customarily performed by or u					
	supervision of officers, directors or trustees, or key employees to a management company or	other person	' .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form S	90 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization	's assets?		5		_X_
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or r	nore members	;			
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her persons?		7b		Χ.
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken during				
	the year by the following:					6 - 12 - 13 - 1
а	The governing body?			8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		.	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	9 O		9a		_X_
Sect	ion B. Policies (This Section B requests information about policies not required by the	e Internal				
Reve	nue Code.)					
_					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of	f such chapte	rs,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	n?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the	•			
	form?		. [11	Χ	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.		[12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that could give	,			
	rise to conflicts?			12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? If "Yes,"				
	describe in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?		[13	Х	
14	Does the organization have a written document retention and destruction policy?			14		Χ_
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 deliber	ation and deci	sion?			
а	The organization's CEO, Executive Director, or top management official			15a	Χ	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			**		产的产
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a			12		
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to evaluate			2	Z. 67.
	its participation in joint venture arrangements under applicable federal tax law, and taken step		d			
	the organization's exempt status with respect to such arrangements?	_		16b	Section of the sectio	3
Sect	ion 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 Forms 1023 (or 1024 if applicable), 990, ar	nd 990-T (501	(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.	(-2)	· /\-/	.,,		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nents conflict	of intere	est		
10	policy, and financial statements available to the public.		J. 111010			
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and reco	rds of th	e		
20			638-166			
		443-	000-100	·		
	107 N Cutler St, 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position	on (c		k all	that app		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TJ Freshour Director	2.	х						0	0	0
Crystal Dotson Director	3.	Х						0	0	0
Milton Parham Director	11.5	Х						0	0	0
Gordon Williams Director	0.5	Х						0	0	0
Jan Leffers Director	2.	х						0	0	0
Randy Davenport Director	1.	Х						0	0	0
Linda Harris Director	0.3	х						0	0	0
Herb Hawkes Director	6.5	X		L				0	0	0
Neva Kilday Director	6.5	х						0	0	0
Rev Larrie Pike Vice-Chair	7,			x				0	0	0
Bob Kıng Treasurer	7.			x				0	0	0
Kaye Ball Secretary	0.5			x				0	0	0
	l									

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	or director	·	(chec Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			°			ied .		!		
	-	ļ			_	_	_			<u> </u>
				<u> </u>		L				
				- 		_				
						-				
		<u> </u>			-					
		1								
	•			<u> </u>		_		· · · · · · · · · · · · · · · · · · ·		<u> </u>
										ļ
		1								
1b Total	.1	<u> </u>	<u> </u>	<u> </u>		L	. ▶	0)
 Total number of individuals (including but neeportable compensation from the organiza Did the organization list any former officer, 	tion ►			0						Yes No
employee on line 1a? If "Yes," complete So	chedule J for suc	ch inc	lividu	ıal.	•					3 X
For any individual listed on line 1a, is the state organization and related organizations individual	um of reportable greater than \$15 	com 50,00	pens 0? <i>II</i>	satio "Ye.	n an s," c 	d oth ompl 	er co ete S	ompensation fro Schedule J for s 	uch	4 X
5 Did any person listed on line 1a receive or services rendered to the organization? If "Y										5 X
Section B. Independent Contractors						41	-4		- 6400 000 of	
Complete this table for your five highest co- compensation from the organization.	mpensated inde	репо	eni (onir ——	acto	າຣ ເກ: 	ai re	eived more tha		
(A) Name and business	address							(B) Description of ser	vices Co	(C) ompensation
			-				 -			····
2 Total number of independent contractors (i more than \$100,000 in compensation from	-		ed to	thos	se lis	sted a		e) who received		

Par	t 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
S O	1a	Federated campaigns	1a	115,500	STATE STATE	1145 A	750c. 35700 '6X'	4 S. C. March
grants nounts	1 .		1b	113,300	le de la com			
p 5	b	Membership dues						
fts, an	C	Fundraising events	1c	0				
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d	0				
	е	Government grants (contributions)	1e	130,452				
er sti	f	All other contributions, gifts, grants, and						
흉호		similar amounts not included above	1f	410,006	Commercial services in the contract of			
on to	g	Noncash contributions included in lines 1a-1f: \$		4,200	The second second second second			
<u>8</u> 0	h	Total. Add lines 1a–1f		<u> </u>	655,958		1920-02-5-2	
ne				Business Code				
Ven	2a	***************************************	. '		0			
8	b				0			
35	С				. 0	ļ.,		
Ser	d				0			
E	е				0			
Program Service Revenue	f	All other program service revenue			0			
<u> </u>	g	Total. Add lines 2a-2f		<u></u> ▶	0	W. 200 (C. 20)	级电缆行动的	
	3	Investment income (including dividends, interest						·
		other similar amounts)			58,215			
	4	Income from investment of tax-exempt bond pro			0			
	5	Royalties						
		(i) Real	•	(II) Personal	423030356767		A TORREST TORREST	\$2.73 State
	6a	Gross Rents		(ii) i cidonai				
		Less: rental expenses		·				
	b		0					
	C	Rental income or (loss)						ing, religi
	d 7a	Net rental income or (loss)		(ii) Other	Secretaria de como	2 : 1975A-18-15		#FA 381 33
	l a		0					
	L	assets other than inventory						
	D	Less: cost or other basis		•				
		and sales expenses	0	0				
	C	Gain or (loss)						
	a	Net gain or (loss)	٠ .	<u> –</u>		Constitution of the Consti	A CONTRACTOR STREET, A	27, 37 (36, 7 F x 9
<u>o</u>	8a	Gross income from fundraising						
J.		events (not including \$0						
λe		of contributions reported on line 1c).						
Other Revenue		See Part IV, line 18	а	0				
her		Less: direct expenses	b	0				
ŏ		Net income or (loss) from fundraising events .	٠.	<u> • </u>	0	o Teorge and Lacerton	* C	AS. 4" \$15 79 161698 11
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а	0				
		Less direct expenses	b	0	THE LANGEST PROPERTY.	Property Control		
i	С	Net income or (loss) from gaming activities		<u></u> .▶	0			
	10a	Gross sales of inventory, less			泛新性的			
		returns and allowances	а	. 0	上談意。這 "			三角
	b	Less: cost of goods sold	b	0	6 Table 18 18 18 18 18 18 18 18 18 18 18 18 18	15/15/2017		PACTE S
	С	Net income or (loss) from sales of inventory		.	0			
		Miscellaneous Revenue		Business Code	14 13 1 6 7 18 2			
	11a				0			
ĺ	b				0			
	С				0			
	d	All other revenue	- {		0			
	е	Total. Add lines 11a-11d	-			25 %		TO THE SECTION
	12	Total revenue. See instructions		<u> </u>	714,173	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum	n (A) but are not re	quired to complete	columns (B), (C), a	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			G STANDARD ASSET	WAR STANKE
	organizations in the U.S. See Part IV, line 21	1 0	}	AND SERVER	
2	Grants and other assistance to individuals in			27年18日本公司	
	the U.S. See Part IV, line 22	368,936	368,936		
3	Grants and other assistance to governments,				THE PARTY OF THE P
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			HAN OF BEEN S
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0]	
7	Other salaries and wages	88,882	59,768	26,540	2,574
8	Pension plan contributions (include section 401(k)			,	
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	6,873	4,646	2,030	197
11	Fees for services (non-employees):				
а	Management	lo			
b	Legal	0			
С	Accounting	6,000	******	6,000	
đ	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	7人1411(《清韵》	POST TO THE	
f	Investment management fees	0			
g	Other	9,912		9,912	
12	Advertising and promotion	1,176	· · · · · · · · · · · · · · · · · · ·	814	
13	Office expenses	8,574	8,574		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	13,511	11,484	2,027	
17	Travel	562			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,995	17,091	5,904	C
23	Insurance	4,738	···	4,738	
24	Other expenses. Itemize expenses not	2000		经生物和 10万	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Dues	-49		-49	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
b	Equipment rental	1,032		1,032	
c		8,719			
d		0,7.10			
e		0			
f	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24f	541,861	478,367	60,361	3,133
	_	341,001	470,307		3,100
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization	1			Ì
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation	1	I	I	1

Part X **Balance Sheet** (B) (A) End of year Beginning of year 316,348 1 381,444 2 2 Savings and temporary cash investments 0 3 3 0 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of U Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 7 Assets 8 1.741 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 427,351 440.013 10c **b** Less: accumulated depreciation 10b 134,018 241,935 140,730 11 Investments—publicly traded securities. . . . 11 12 0 12 Investments—other securities. See Part IV, line 11 0 0 13 Investments—program-related. See Part IV, line 11 13 ol 14 14 Intangible assets. 0 15 0 15 898,832 16 1,052,699 16 Total assets. Add lines 1 through 15 (must equal line 34) 25,944 17 7,499 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 0 25 26 25,944 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 617,790 749,107 27 199.528 179,479 28 28 **Net Assets or Fund** 75,619 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 1,045,200 872,888 33 33 898.832 1,052,699 Total liabilities and net assets/fund balances

Form 990 (2009)

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. See separate instructions.

Greeneville Greene County Community Ministries Food Bank 62-1207222 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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! c | Type III–Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (II) No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (described on lines 1-9 in col (I) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes Yes Yes No No No 0 90 or 990-EZ) 2009 Greeneville Greene County Community Ministries Food Bank 62-1207222

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

	(Complete only if you checked	the box on lin	e 5, 7, 01 6 01	Part I.)			
	ion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	486,327	348,900	522,337	567,838	651,758	2,577,160
2	· · · · · · · · · · · · · · · · · · ·	400,021	040,000	022,007	007,000	001,700	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	· 			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4	Total. Add lines 1 through 3	486,327	348,900	522,337	567,838	651,758	2,577,160
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)		新黎 美祖 李新				
6	Public support. Subtract line 5 from line 4.	は、「「「「「「」」				Xe.	2,577,160
	ion B. Total Support					· — — · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	486,327	348,900	522,337	567,838	651,758	2,577,160
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	}				ļ	
	sources	21,427	-5,553	4,032	-33,553	58,215	44,568
9	Net income from unrelated business	21,121	0,000	1,002	00,000	00,210	
•	activities, whether or not the business is	1					
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	0	o				0
11		24060		(李) (2)	25、小孩()	· 34.7.42	2,621,728
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o					a section 501(c)(3)
13	organization, check this box and stop here					2 00000011 00 1(0)	,(°) ▶□
						· · · · · · · · · · · · · · · · · · ·	
	ion C. Computation of Public Suppor					44	00.000
14	Public support percentage for 2009 (line 6,					14	98 30%
15	Public support percentage from 2008 Scheo					15	99 90%
16a	33 1/3% support test—2009. If the organization qualifies a						ck this box ▶ X
b	33 1/3% support test-2008. If the organization qualification and step here. The organization qualification is a support test and step here.						, check this
17a b	box and stop here . The organization qualifit 10%-facts-and-circumstances test-2009. or more, and if the organization meets the "the organization meets the "facts-and-circumstances test-2008. or more, and if the organization meets the "	If the organiza facts-and-circu mstances" test If the organiza	tion did not che mstances" test The organizat tion did not che	eck a box on ling to the this both ton qualifies as the ck a box on ling	ne 13, 16a, or i x and stop he i s a publicly sup ne 13, 16a, 16b	16b, and line 14 re. Explain in Pa ported organiza o, or 17a, and li	art IV how ation ▶ ☐ ne 15 is 10%
	the organization meets the "facts-and-circuit	mstances" test.	The organizat	ion qualifies as	a publicly sup	ported organiza	ation 🕨 📘
18	Private foundation. If the organization did not ch	neck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	ee instructions	•

20

Scried	Inie y (Louir aan ot aan-ET) sona Pleeueville Ple	ene County Co	mmunity Minis	itries Food Bar	1K	02-120/222	Page 3
Par	t III Support Schedule for Organiz	zations Descr	ibed in Sect				
500	(Complete only if you checked t	he box on line	9 of Part I.)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(8) 2000	(6) 2007	(u) 2008	(6) 2003	17 10121
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	اه	0				0
_	• • •	<u> </u>				 	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the]		,]	
	organization's tax-exempt purpose	l ol	o			i	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			<u> </u>			0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	ا	o				0
5	The value of services or facilities	0					
	furnished by a governmental unit to the	1					
	organization without charge	o]	0				0
6	Total. Add lines 1 through 5	0	0	0	. 0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ļ					0
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the	1				ľ	
_	amount on line 13 for the year						0
С 8	Add lines 7a and 7b	0	0	0	0 3m 6ss 2m Allers	0	
							0
	line 6.)						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	ol	o	0	0	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,			i			
	rents, royalties and income from similar		1]		
b	sources	} -					0
D	section 511 taxes) from businesses				ŀ		
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,		J]]	
	whether or not the business is regularly carried on		ŀ				0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	[}				
	(Explain in Part IV.)	0	0				0
13	Total support. (Add lines 9, 10c, 11,	_	_	_		ا	
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.					section 50 r(c)(" ⊾┌
Saci	tion C. Computation of Public Support			· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · ·
15	Public support percentage for 2009 (line 8, co		d by line 13 cr	olumn (f)	· · · ·	15	0.00%
16	Public support percentage from 2008 Schedu	• •	-	* * * *		16	0.00%
	tion D. Computation of Investment Inc				• • •		0.0070
17	Investment income percentage for 2009 (line			e 13, column (f))	17	0.00%
18	Investment income percentage from 2008 Sc					18	0.00%
	33 1/3% support tests-2009. If the organiza	ition did not che	ck the box on	line 14, and lin	ne 15 is more t	han 33 1/3% an	
	not more than 33 1/3%, check this box and s	top here. The o	organizatıon qu	ualifies as a pu	iblicly supporte	d organization	▶
b	33 1/3% support tests-2008. If the organization d						
	line 18 is not more than 33 1/3%, check this box ar	-	-				▶
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	ı, or 19b, chec	k this box and	see instructions	▶

Schedule A (Form	990 or 990-EZ) 2009	Greeneville	Greene County	Community M	<u> Ministries Food Ba</u>	ınk	62-1207222	Page 4
Part IV	Supplemental	Information.	Complete thi	s part to prov	ide the explana	tions required		10;
	Part II. line 17a	or 17b; and I	Part III line 12	Provide an	y other additiona	al information.	See instruction	ns.
	1 414 11, 11110 114	<u>, ., ., ., ., ., ., .</u>	<u> </u>	rovido dir	y ourser additions	<u> </u>	<u> </u>	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Name of the organization

Employer identification number

Gree	neville Greene County Community Ministries	Food Bank	62-1207222
Par		or Advised Funds or Other Similar I	Funds or Accounts. Complete if
	the organization answered "Yes" t	o 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 d	-	F-1 F1
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, do	· · · · · · · · · · · · · · · · · · ·	
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		
Par	Conservation Easements. Comp	lete if the organization answered "Yes	s" 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) 🔛 Preservatio	n of an historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution in the form of a conservation
_	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation eas		. 2b
С	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06	. 2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year		
4	Number of states where property subject to	conservation easement is located	*****
5	Does the organization have a written policy		tion, handling of
	violations, and enforcement of the conserva		Yes . No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservati	on easements during the year
_	·		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	asements during the year
	\$	land the O(d) above and of the manifestion	
8	Does each conservation easement reported	• • • • • • • • • • • • • • • • • • • •	
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization r		
9	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		ilianciai statements that describes
Par		ons of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted und	· 	statement and balance sheet works of
	art, historical treasures, or other similar asse		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
	historical treasures, or other similar assets h	•	earch in furtherance of public
	service, provide the following amounts relati	•	
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X .	l, line 1	> \$
	(ii) Assets included in Form 990, Part X.		. ▶ \$
2	If the organization received or held works of		ssets for financial gain, provide the
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, li		
b	Assets included in Form 990, Part X		· · · · · ► \$

Par		Organizations Maintainin	g Coll	ections of	Art, His	torical	Treasures	, or O	her Simila	r Ass	ets (c	<u>ontinu</u>	ued)
3		the organization's acquisition	, acce	ssion, and c									
а	use o	of its collection items (check all Public exhibition	that a	pply):	d [Loan	or exchang	e prog	rams				
b		Scholarly research			е	Other		<i></i>					
С		Preservation for future gener	ations										
4	Provi	de a description of the organiz		collections	and exp	lain how	they further	the or	ganization's	exem	ot purp	ose in	1
5	Durin	g the year, did the organizatio				-				ımilar	□ γ	es 🗀	No
Par		Escrow and Custodial An IV, line 9, or reported an a	rrange	ements. C	omplete	if the or	ganization			to For			<u>'</u>
1a	le the	organization an agent, truste						ne or o	other accets	not			
b	inclu	ded on Form 990, Part X? s," explain the arrangement in									Y	as 🔃	No
b	" 10	s, explain the analigement in	i i ait z	iiv and con	ibiere me	: IONOWIN	y lable.			Δπ	nount		
С	Regu	nning balance						10		7.01	iount.		0
d	-	ions during the year											<u> </u>
e		butions during the year											
f		ng balance						11					0
_												es X	
2a L		ne organization include an amo			Pan X, I	ine 21?.				•	LJ ''	3S [No
Part		s," explain the arrangement in Endowment Funds. Com			izotion (noworo	d "Voo" to	Form	000 Bort IV	/ line	10		
rait	<u> </u>	Endownient Funds. Com		Current year		or year	(c) Two year		(d) Three year			our years	hack
1-	Pogir	nning of year balance	(a)	75,619			(c) Two year		(u) Tillee year		(6) FU	ui years	back 3
1a h	_	nning of year balance ibutions	<u> </u>	75,019		95,390	28 3 THE CO.		14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	A (1) () ()	<u></u>		- '-a+
b			 				A Chiese		1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1		7	15 /m.	
С		nvestment earnings, gains,	;	40.704		-19,771						الرسم. السامي و د قر	
ام			<u> </u>	18,704		-19,771	Carlotte State		148 X 1 148 X 1 4	1988 F	2 4	ر _{دو} ر کا موری م	
d		ts or scholarships	├				AND AND DO		CARL TO SERVE ALL REPORTS AND ADMINISTRATION OF THE PARTY	25.8° 2	7 2 3 m	, ,	- 4 - 61 A
е		expenditures for facilities]]							1	
	-	orograms	ļ		<u></u> _			4795, ³ 572 6-1000	- 1/10/2005 17-15 14/15 15 15 15 15 15 15 15 15 15 15 15 15 1	33.55° X	2 2 2 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2	7 1944	8 4 m
f		nistrative expenses		04.000	<u> </u>	75.040	25 1 5 C C C C C C C C C C C C C C C C C	CONTRACTOR OF THE SECOND	3844 - 385 3 - 486 - 385	المدينة المراكبية ا	19 3 17 73 25 5 11		الأياد 4 ما الأي المام المالات
g		of year balance	Ļ	94,323			多数计划	3 2 W. C.	C. EXCTOR	t ,	5 . " "". #	<u></u>	C. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
2		de the estimated percentage of		ear end bal									
а		d designated or quasi-endown		· · · · · · · · · · · · · · · · · · ·	%								
D		anent endowment	10	00%									
C		endowment	<u>.%</u>			4. 41.	_1 _ 1 _ 1 _ 1	,					
3a		nere endowment funds not in t	ne pos	session of t	he organ	ization th	at are held	and ac	iministered 1	or the	ſ	 _	
		nization by:								1	2-43	Yes	No
	(i)	unrelated organizations									3a(i)		X
_	(ii)	related organizations									3a(ii)		_X_
b		s" to 3a(ii), are the related org			-						3b		<u> </u>
4		ribe in Part XIV the intended u											
Part	VI	Investments—Land, Buil	dings							-			
		Description of investment		(a) Cost or ot (investm	ent)	basis	st or other s (other)	d	Accumulated epreciation		(d) Bo	ook valu	
1a			. [0		32,568	<u> </u>	<u> </u>				2,568
b	Buildi	•	-		0		471,478		106,1	99		36	5,279
С		ehold improvements	_		0		0			0			0
d	Equip	ment	. [0		57,323		27,8	19	_	2	9,504
е	Other	. <u> </u>			0	·	0			0			0
Total	. Add	lines 1a through 1e. (Column (d) mus	st equal For	m 990, F	art X, col	lumn (B), lin	e 10(c))▶			42	7,351

Page 3	3
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Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(1	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
Financial de	erivatives	C		
Closely-heli	d equity interests	0)	
Other		0)	
		C)	
				
		<u></u>		
		<u> </u>		
		0	 	
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Total (Column (t	b) must equal Form 990, Part X, col (B) line 12)			CONTRACTOR AND
Part VIII	Investments—Program Relate			
	(a) Description of investment type	(b) Book value	(c) Method of value	ation
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
		C		
		C)	
		C)	
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				n
	b) must equal Form 990, Part X, col (B) line 13)		1344	8 x 1
Part IX	Other Assets. See Form 990, P		·····	(b) Book value
		a) Description		(b) Book value
				0
				0
				0
<u> </u>				0
	***************************************			0
				0
-				0
				0
				0
Total. (Colu	umn (b) must equal Form 990, Part X, o	col. (B) line 15)		0
Part X	Other Liabilities. See Form 990), Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal inc	ome taxes			
Withheld Py	yrl Taxes		0	
				
	······		_0。经验证证证证证	
	· · · · · · · · · · · · · · · · · · ·			1 10 The second of the second
Total (Column (I	b) must equal Form 990, Part X, col (B) line 25)		0 🐔 -	

Schedule D (Form	Greeneville Greene County Community Ministries Food Bank	62-1207222	Page 5
Part XIV	Supplemental Information (continued)		
	Cappionistical Milotingation (Continuos)	<u></u>	
		•	

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

Part I

Greeneville Greene County Community Ministries Food Bank

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

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C A	pe In

OMB No 1545-0047

Employer Identification number

62-1207222

1 Does the organization maintain records to substantiate the	ain records to s		amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, the grantee	s' eligibility for the grar	nts or assistance, and	
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the gran nization's proce	its or assistance? . dures for monitorin	g the use of grant fund	Is in the United States			A res No
art	Assistance to	Governments a	nd Organizations i	n the United States	. Complete if the org	anization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient that a Part IV and Schedule I-1 (Form 990) if additional	ine 21, for any le I-1 (Form 99	recipient that rec 90) if additional sp	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed.	\$5,000. Check this box if no one recipient	if no one recipient re	sceived more than \$	5,000. Use
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
			0	0			
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 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	n 501(c)(3) and organizations	government organ	ıızatıons .			A A	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Book 0 Ö 0 (d) Amount of non-cash assistance 368,936 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant 0 (b) Number of recipients Assistance with food, housing, and/or utility exp (a) Type of grant or assistance

SCHEDULE O . (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Greeneville Greene County Community Ministries Food Bank 62-1207222 Form 990 Part VI Section B Line 11 Reviewed by Executive Committee prior to filing Form 990 Part VI Section C Line 19 All policies and documents are kept on file at administrative offices and are available upon request. Form 990 Part VI Section B Line 15 Wages are determined and approved by the board of directors using comparable data/cost of living increases.